



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

BOSTON
MEDICAL LIBRARY
8 THE FENWAY

**THE MONTHLY
HOMŒOPATHIC REVIEW.**

16487

EDITED BY
ALFRED C. POPE, M.D.,
D. DYCE BROWN, M.A., M.D.;
AND
A. S. KENNEDY, L.R.C.P. EDIN.

VOL. XXVI.

London :
E. GOULD & SON, 59, MOORGATE STREET,
1882.



LONDON :
STRAKER BROS. & CO., PRINTERS,
36, CANONILE STREET, E.C.

NCV 5 1918

~~M~~ C.

INDEX.

Reviews of Books will be found only under the word "Reviews;" subjects from Extracts from Medical Literature under the word "Extracts;" Societies and Associations under the word "Homœopathic."

A.		PAGE	
<i>Aconite</i> in Throat Affections...	289	Blindness, A Prize Essay on the Causes and Prevention of	52
Address delivered before the British Homœopathic Society, by Alfred C. Pope, M.D. ...	456	Blindness, Hints for the Prevention of the most common Accidents causing	563
Advantages of Homœopathy in the Treatment of the Insane, by Selden H. Talcott, M.D.	402	BLUMBERG, H., M.D., J.P., The Medicine of the Future, by	331
Advertising	562	Bright's Disease, by T. E. Purdom, M.D.	735
Allopathic <i>versus</i> Homœopathic Theories, by Dr. John Wilde	226	British Medical Association, The	510
Amateur Dramatic Performance	242, 304	BROWN, D. DYCE, M.D., Can <i>Baptisia</i> cut short true Typhoid Fever? by	203
American Ophthalmological and Otological Society	421	BUTCHER, W. D., Esq., Periodicity of Disease and of Drug Action, by.....	654
Anæsthetics	430		
B.		C.	
<i>Baptisia</i> in Typhoid Fever, by Dr. Dyce Brown, M.D.	208	Cardiac Therapeutics, by E. Wood Forster, Esq.....	348
BAYNES, DONALD, M.D., on Electricity 115, 178, 228, 322,	548	Case of Gastro-Intestinal Hemorrhage, by Dr. Proell.	40
<i>Belladonna</i> Poisoning	426	Case of Myocarditis in Rheumatic Fever, with Sphygmographic Tracings, by Edward M. Madden, M.B., Birmingham	173
BLAKE, S. H., Esq., Clinical Cases, with Remarks, by	92, 390, 670	Case of Obscure Disease of Stomach, by C. Lloyd Tuckey, M.B., C.M.	532
BLACKLEY, C. H., M.D., On the Influence of Infinitesimal Quantities in inducing Physiological Action, by ...	604	Cases of Pericarditis, with Effusion, by J. Hamilton MacKenzie, M.D.	519
BLACKLEY, J. G., M.B., Clinical Lecture on Erysipelas, by ...	183		

	PAGE
Case of Poisoning by Sulphur, by Robert T. Cooper, M.D....	89
Cases, Clinical, with Remarks, by S. H. Blake, Esq. ...	92,
	209, 890, 670
Castor-Oil Plant as a Fly- Killer	426
Castor-Oil, Poisoning by	427
Chronic Deafness, Remedies for, by T. Cooper, M.D....	729
CLARKE, JOHN H., M.D., Notes on the Antagonistic Action of Medicines, with some Re- marks on Chronic Poison- ings, by.....	538
CLARKE, JOHN H., M.D., Two Spirits in Medicine, by	164
CLAUDE, Dr.....	562
Clinical Cases, with Remarks, by S. H. Blake, Esq. ...	92,
	209, 890, 570
Clinical Lecture on Erysipelas, by J. Galley Blackley, M.B..	188
Clinical Proofs of the Efficacy of Infinitesimal Doses, by Dr. P. Jousset.....	409
Colds, "A Mere Nothing" ...	240
Congenital Deformity, A Case of, Reported by Dr. Morris- son	288
Congress, The Approaching ...	509
Convalescent Home, Slough...	751
COOPER, ROBERT T., M.D., A Case of Poisoning by Sulphur, by.....	89

D.

"Death of Homœopathy" ...	243
Diploma of the London School of Homœopathy, Remarks on the Proposed, by Alfred C. Pope, M.D.	274
Dispensaries, Our	197
Drug Selection, On the Prin- ciples of, by Alfred C. Pope, M.D.	9
Drugs, On the Study of the Effects and Mode of Action of, by Alfred C. Pope, M.D.	77
"Drunk or Dying"	568
DRURY, WILLIAM V., M.D., The Search after Truth, by	577

E.

ESBURY, Lord, Testimonial to...	235
Electricity, Its Physiological Actions and Therapeutic Uses, by Donald Baynes, M.D.	115, 178, 223, 322, 548
Erysipelas, Clinical Lecture on by J. Galley Blackley, M.B.	188
Evil, The King's.....	568

F.

FORSTER, E. Wood, Esq., Cardiac Therapeutics, by ...	346
FRANKLIN, E. C., M.D., Lupus and Its Treatment with <i>Hy-</i> <i>drocotyle Asiatica</i> , by	31

G.

Gastro-Intestinal Hæmorr- hage. A Case of, by Dr. Proell	40
----------------------------------------------------------------------	----

H.

Hahnemann Convalescent Home, Bournemouth.....	367
Hahnemann Publishing So- ciety	559, 690
"Hahnemannians,"	571, 696
Hair, The Trade in False	569
Harper, Testimonial to Dr.	505, 560
Hæmorrhage, Gastro-Intes- tinal, A Case of, by Dr. Proell	40
Hering's latest Works, Con- stantine	442
Homœopathic Congress, The British	501, 620
Homœopathic Convention, International, Transactions of the	376, 421
Homœopathic Diploma, The London	318, 379
Homœopathic Dispensary, Bournemouth, Report of the Hahnemann Convalescent Home and	367

	PAGE
Homœopathic Dispensary, Devon and Cornwall	367
Homœopathic Dispensary, Hastings and St. Leon- ards	193, 234
Homœopathic Dispensary, Liverpool	232
Homœopathic Dispensary, Newcastle-on-Tyne, 1881 ...	367
Homœopathic Dispensary, Oxford	234
Homœopathic Dispensaries, Red Hill and Reigate	192
Homœopathic Engineering, Wicked	486, 507
Homœopathic Hospital, Bath	233
Homœopathic Hospital, Bir- mingham	128
Homœopathic Hospital, Lon- don (Notes on), 53, 155, 245, 304, 317, 357, 367, 421, 505, 558, 635, 750	
Homœopathic Hospital, Mel- bourne	367
Homœopathic Institution, Not- tinghamshire	130
Homœopathic Medico-Chirur- gical Society, Liverpool, Meeting of the	235
Homœopathic Patients, One Way of Treating (?)	699
Homœopathic Physicians and German Watering Places ...	563
Homœopathic Practice, by Dr. R. Hughes	480
Homœopathic Publishing So- ciety, American	443
Homœopathic Society, British, 55, 180, 191, 245, 306, 367, 456, 505	
Homœopathy and Medical Ethics in the State of New York	414
Homœopathy and the New Medical Bill	138
Homœopathy and "Homœo- pathy"	377, 439
"Homœopathy, Death of" ...	243
Homœopathy, Experiences with, by Ide Stettin, M.D.	264
Homœopathy, "Homœopathy" and Scientific Physicians ...	307
Homœopathy in Cleveland ...	421
Homœopathy in India	637
Homœopathy in Spain, by Charles Lloyd Tuckey, M.B.	326

	PAGE
Homœopathy in the State of New York	253
Homœopathy in the United States	367, 421
Homœopathy, Ker, Dr., On the Propagation of	505
Homœopathy, London School of (Notes on), 50, 56, 129, 242, 274, 298, 306, 367, 421, 575, 655, 693	
Homœopathy, Posology in Re- lation to, by Alfred C. Pope, M.D.	139
Homœopathy, Progress of	53
Homœopathy, the American Institute of	502
Homœopathy, <i>The Lancet</i> on	555
Homœopathy, The Licentiate in ...194, 246, 247, 248, 249,	250
Homœopathy, the Royal College of Physicians on	65
Homœopathy <i>versus</i> Allopathy in the Denver Almshouse ...	241
Horses, The Treatment of Splints in, by W. B. B. Scriven, M.D.	87
How Infectious Disease is Spread	243
<i>Hydrocotyle Asiatica</i> , Lupus and its Treatment with, by E. C. Franklin, M.D.	31
Hygiene, An Address on, by M. Roth, M.D.	65
<i>Hyoscinamia</i> in Mental De- rangement	238
HUGHES, Dr. RICHARD, on Homœopathic Practice	480
HURNDALL, J. S., Esq., M.R.C.V.S., Veterinary Science	712

I.

<i>Iodoform</i> , Caution in the Use of	429
Infinitesimal Doses, Proofs of the Efficacy of, by Dr. P. Jousset	409
Infinitesimal Quantities. On the Influence of, in inducing Physiological Action, by C. H. Blackley, M.D.	604
Insane, The Advantages of Homœopathy in the Treat- ment of the, by Selden H. Talcott, M.D.	402

	PAGE
Intestinal Obstruction, An Account of a Rare Case of, with Remarks, by E. M. Madden, M.B.....	494
<i>Iris Versicolor</i> , Spurious	508

J.

JÆGER'S, Professor, Neural Analysis, by Percy R. Wilde, M.B.	341
JOUSSET, Dr. P., Clinical Proofs of the Efficacy of Infinitesimal Doses, by	409

K.

KER, Dr., On the Propagation of Homœopathy	505
King's Evil, The	568

L.

<i>Lancet</i> on Homœopathy, The	555
Lead Poisoning	421
Leaves, Poisonous	567
Legacy to the London Homœopathic Hospital	505
Lupus and its Treatment with <i>Hydrocotyle Asiatica</i> , by E. C. Franklin, M.D.....	31

M.

MACKECHNIE, J. H., M.D., Cases of Pericarditis with Effusion, by.....	519
MADDEN, E. M., M.B., Case of Intestinal Obstruction, by...	494
MADDEN, E. M., M.B., Myocarditis in Rheumatic Fever, by	173

	PAGE
Medical Acts Commission	445
Medical Ethics and Homœopathy in the State of New York	414
Medicine as a Civilising Agent	481
Medicine of the Future, The, by H. Blumberg, M.D., J.P.	331
Medicine, Two Spirits in, A Review by John H. Clarke, M.D.	164
Medicines, Notes on the Antagonistic Action of, by John H. Clarke, M.D.	538
Mental Derangement, <i>Hyoscinamia</i> in	238
Mind and Matter, A Case of Congenital Deformity, Reported by Dr. Morrisson ...	288
Mineral Waters, Falsification of	486
Modern Scientific Therapeutics	695
MORRISON, Dr., Mind and Matter, A Case of Congenital Deformity, Reported by	288
Movement Cure, The	128
Myocarditis in Rheumatic Fever, by E. M. Madden, M.B., Birmingham	173

N.

Nephritis, Acute Suppurative, by Walter T. P. Wolston, M.D.	642
Neural-Analysis, Professor Jæger's, by Percy R. Wilde, M.B.	341
New Preparations	807

O.

Ophthalmological and Otolological Society, The American	421
Opiates and Peristalsis	480
Otological and Ophthalmological Society, The American...	421
OBITUARY:—	
Cronin, Edward, M.D....	193, 245
Gray, John Franklin, M.D.	486

P.	PAGE.
Paris, Some Notes of a Recent Visit to, by M. Roth, M.D.	406
"Parvules"	236
"Pathies"	430
Pathology.....	432
Pericarditis, with Effusion, Cases of, by J. Hamilton MacKechnie, M.D.	519
Periodic Disorders, by L. Salzer, M.D., Calcutta	664
Periodicity of Disease and of Drug Action, by W. Deane Butcher, Esq.	654
Peristalsis and Opiates	430
Phosphorus in Ether, Solubility of, by J. M. Wyborn...	44
Physicians, The Resolution of the College of	123
Podophyllin, Effects of an Overdose of	428
Poisonous Leaves	567
POPE, A. C., M.D., An Address delivered before the British Homœopathic Society, by ...	456
POPE, A. C., M.D., On the Principles of Drug Selection, by	9
POPE, A. C., M.D., On the Study of the Effects and Mode of Action of Drugs, by	77
POPE, A. C., M.D., Posology in Relation to Homœopathy, by	139
POPE, A. C., M.D., Remarks on the Proposed Diploma of the London School of Homœopathy, by	274
Posology in Relation to Homœopathy, by A. C. Pope, M.D.	139
Practitioners, Unqualified.....	432
Prize Essay	636
PROELL, Dr., A Case of Gastro-Intestinal Hæmorrhage, by	40
PURDON, T. E., Esq., Bright's Disease	785
Putting away the Pathies	367

R.

Report of the Medical Acts Commission.....	445
ROTH, M., M.D., An Address on Hygiene, by	105

ROTH, M., M.D., Some Notes of a Recent Visit to Paris, by	406
REVIEWS :—	
A Letter to the Medical Acts Commission, by Dr. William Bayes.....	121
American Medicinal Plants, by Charles F. Millsbaugh, M.D.	619
A Treatise on Diseases of the Eye, by Henry C. Angell, M.D.	500
A Treatise on the Medical and Surgical Diseases of Women, by Morton Monro Eaton, M.D.....	351
Comparative Therapeutics, By Samuel O. Potter, M.D.	553
Faulkner's Visiting List ...	738
Hahnemann as a Medical Philosopher; The <i>Organon</i> . Being the Second Hahnemannian Lecture, 1881, by Richard Hughes, L.R.C.P. Edin.....	289
Insanity and its Treatment, by Samuel Worcester, M.D.	336
Ophthalmic Therapeutics, by G. S. Norton, M.D. ...	290
Rheumatism, by T. MacLagan, M.D.	46
Special Pathology and Therapeutic Hints, Raue.....	190
Supersalinity of the Blood, by J. Compton Burnett, M.D.	419
The Delegates from the United States of America to the International Homœopathic Convention held in London, July, 1881	191
The Human Ear and its Diseases, by W. H. Winslow, M.D., Ph.D.	349
The new Handbook of Dosometric Therapeutics, by Dr. Ad. Burggrave	420

S.

SALZER, L., M.D., Calcutta, Periodic Disorders, by	664
SCRIVEN, W. B. B., M.D., The Treatment of Splints in Horses, by	37

[illegible]

ON MED.

NOV 5 1882

LIBRARY
THE MONTHLY

HOMŒOPATHIC REVIEW.

A TWELVE-MONTH'S TEACHINGS.

THE year 1881, with its numerous eventful episodes, has passed into history, and has been fraught more than most of its predecessors with lessons well worthy of the careful thought of all true-hearted, honest homœopaths.

Great military commanders have commended to their subordinates the frequent and careful study of bygone campaigns, knowing well that it is only by a thorough insight into the failings of others, that we can attain to success in the future. While no man can command success, it is in the power of many to prevent failure by forethought.

Let us, then, lay on our oars for awhile, and scan the way by which we have come these past twelve months.

The most noteworthy event of the year, without doubt, has been the INTERNATIONAL HOMŒOPATHIC CONVENTION, which assembled in London in July last. We can easily conceive that the presence of so many homœopathic practitioners in the metropolis, representing such a large number of brethren in all lands, must have been a rude blow to those ostriches of the profession who would fain have their little world believe with them that homœopathy is like that extinct bird, the *Dodo*. All we can say is, that the extinct system showed itself pretty lively at the Convention.

A more serious, because a more direct attack on homœopathy, was an anonymous letter thereon which appeared in the *Times* of Good Friday last. Evidently written by a medical man, it contained certain charges against the character of homœopaths, as such, which, had they been written regarding a private individual by one who had had sufficient honesty to sign his name, would to a certainty have insured his appearance in a court of law at no very distant date. Several homœopathic practitioners replied to these letters, but a collective protest passed by the BRITISH HOMŒOPATHIC SOCIETY, at a special meeting, was refused admission, and the high-souled author of the original letter remains hidden under the wing of the editor of "the leading journal."

It is a pleasure to turn from this picture of bigotry and ignorance to take a glance at a more liberal phase of professional opinion as expressed at the meeting of the British Medical Association at Ryde. What a stride has been made by this body since 1851! Surely some of the departed worthies must have shuddered in their graves to hear such a liberal speech as the following from the President, Mr. BARROW :—

"I fail to see how a homœopath can be called a quack, or why he should be tabooed by the profession, as it were, cut off from a position amongst medical men, forbidden to gather with them, and prevented from discussing publicly his system and hearing the contrary from those practising *legitimate* medicine. The benefit would be mutual, and these discussions would be of benefit to the public, and an additional proof to them that their weal was uppermost in our minds."

Similar opinions were expressed by Mr. JONATHAN HUTCHINSON and Dr. BRISTOW; a sufficient rebuke, we fancy,

to the arrogance and insolence so recently displayed by Dr. QUAIN and Sir WILLIAM JENNER.

This policy of toleration seems to have ill accorded with the feelings of some of the members of the Association, for we find that, on September 21st, a specially convened meeting of the Lancashire and Cheshire Branch was held at Liverpool for the purpose of once more condemning homœopathy and homœopaths to perpetual ostracism. Alas for poor homœopathy, always either extinct, or about to be extinguished! Fancy the Prime Minister's perturbation on being informed that his policy had been severely censured by the vestrymen of Slocum Podger!! Or to use a simile which we borrow from an allopathic *confrère*, fancy the Archbishop of Canterbury being excommunicated by an African fetish.

The result of the meeting must have been a rude shock to the exclusives; an amendment according freedom of consultation—aye, and more than that, freedom of opinion to all practitioners, was only lost by a vote of 26 to 23, and on the previous question being moved, the fossilized resolution was withdrawn, wheezing and gasping after its encounter with the unexpected shock of toleration. To its introducer we commend a little speech made by Mr. HAWARD, of St. George's Hospital. "Intolerance," said he, "has always been associated with ignorance." Dr. LOWNDES, of Liverpool, who proposed the amendment, deserves much credit for giving practical utterance to a feeling which we are sure is to be found in a large portion of the profession. The day has long gone by when trades unionism can force a man to hold any one particular set of opinions. Dr. LOWNDES, in a letter to the *British Medical Journal*, very clearly enunciates this sentiment. He says, "that an association founded for scientific and social purposes degraded itself into a trades union, or a Boycotting

machine, when it hampered and harassed its members by telling them what line of practice they were not to adopt, and what kind of practitioners they were not to meet."

It is to men like this that the profession will look for leaders in the future, and not to those who by luck or favour are pitchforked into the van of the profession, with but scant scientific claims to the position.

From the events of the year, it must be evident to a careful onlooker that a more liberal spirit of enquiry is gradually diffusing itself through the profession generally, and we have every reason to hope that at the commencement of next year we shall have to congratulate ourselves on still further advances on the road to recognition.

The word "recognition" brings us by an easy transition to the LONDON SCHOOL OF HOMŒOPATHY. This institution seems to be emerging from its trials and promises to be of signal usefulness. There have been more students during this than in any previous year, and the interest felt by the profession, even by some of the allopaths, is increasing, while it constitutes what we have long wanted, a centre at which enquiry may be made regarding homœopathy.

The Hahnemann Lecture was delivered by Dr. RICHARD HUGHES, who took for his subject, "*HAHNEMANN as a Medical Philosopher*," as shown in the *Organon*. The Board-room of the Hospital was crowded with an attentive audience, amongst whom were some who probably had never trod on homœopathic ground before. Dr. HUGHES' lecture was a masterly exposition and vindication of the therapeutic method of HAHNEMANN.

The School, as originally constituted, was intended as a five years' experiment. This term ended at the close of the past year. By some it was advised to allow the School to lapse, on the ground that it had not proved as successful

as it was hoped that it would do, but it has been wisely decided to carry it on as heretofore. The number of students is considerably greater than it ever has been, and we venture to prognosticate a steady increase in numbers as the spirit of enquiry makes itself more and more felt amongst students and practitioners. We feel sure that there are many who would willingly attend the lectures if they only knew of their existence.

The hospital, too, has been literally undergoing re-construction. It was found by the surveyor that one of the outer walls was in an unsafe condition. To remedy this the wall has been almost entirely rebuilt from the foundation, and structural improvements introduced by which two wards have been thrown into one, both on the first and second floors. By this means increased accommodation has been obtained, besides improved ventilation, and a greater facility in the nursing arrangements of the wards; while the large amount of care and thought which is bestowed upon its management, as a letter from the treasurer in our present number fully shows, gives to it additional claims upon the support of all who are interested in propagating a knowledge of homœopathy, and of extending its advantages to the sick poor.

A testimonial has been arranged to that staunch supporter of the hospital and school, LORD EBURY. A full length portrait of the noble lord is to be presented to LADY EBURY at an early date. This testimonial is but a feeble expression of the gratitude which we feel to LORD EBURY for his life-long service in the cause of homœopathy. It was he who, on the only occasion when the system had a chance of being brought before Parliament, successfully defeated the determined effort which was made to prevent the voice of truth being heard, and obtained the publication of the cholera returns presented to the Board of Health by

the medical officers of the hospital, but which were by that board endeavoured to be stifled.

Whilst on the subject of testimonials, we must not omit mention of the complimentary dinner which was given to Dr. BAYES at the Grosvenor Gallery on the 27th of April, on the occasion of his leaving London for Brighton. Dr. BAYES' long professional career, and his arduous labours on behalf of the good cause, have entitled him to the best wishes of all who know him. A handsome album, with an illuminated inscription, was presented as a token of regard from about fifty of his brethren. The dinner was most successful, and cannot fail to have done something towards establishing a healthy *esprit de corps*, a feeling by the way in which we fear many homœopaths are lamentably deficient.

The appointment of Mr. KNOX SHAW as Medical Officer of Health for Hastings, proves that there is nothing but medical trades unionism to prevent homœopaths from obtaining any post which a legally qualified medical man can fill, and we trust that others will be encouraged to try in their respective districts to secure some such position. There is no reason why in England, as in America, homœopaths should not, in the eye of the law, be regarded as in every way the legal equals of allopaths.

After every campaign comes the sad duty of calling the roll of the missing; since last New Year several gaps have been made in our ranks.

The names of DALZELL, LAURIE, and LEADAM will be looked back upon with regret by all who came within their circle. Each was well known as an earnest worker, and although of late years through various causes, not so often heard of, yet their efforts, each in his own way, to promote the advancement of scientific medicine will prove their lasting memorial.

Not so widely known, yet not the less missed, were Dr. HALE TUDGE, Mr. C. WILLIAMS and Mr. H. ROBERTSON.

In conclusion, we would urge upon all the duty of giving not only a passive, but an active support to our literature. It is not sufficient merely to subscribe to one of the journals, and to read and enjoy the fruits of other men's labours; far better would the result be, if each would look out for cases of interest and instruction, with a view to their being recorded for the future benefit of homœopathy. There is a sad lack of that element which abounds in the earlier volumes of the *Review*,—clinical cases, and drug indications.

The laity, too, are quite capable of reading with enjoyment much which medical men are apt to think is too scientific for them, and a word from the physician would oftentimes induce an extended circulation in this direction.

We look forward to 1882 with hopeful confidence, sure that if we only use a little personal exertion, homœopathy at its close will stand in even a better position than at the close of 1881. Much has been done, and well done; but more may be done without much difficulty. Public opinion must be formed, prejudice gently combated, enquiry encouraged, and in good time we shall see the full daylight of which we are even now experiencing the dawn.

ON THE PRINCIPLES OF DRUG SELECTION.*

BY ALFRED C. POPE, M.D.,

Lecturer on Materia Medica at the London School of Homœopathy, &c.

In commencing a course of lectures on the medicinal properties of drugs, I think it may be both appropriate and convenient to devote some little time to the consideration of those principles which are calculated to guide the physician in the selection of the drug remedies he employs

* A Lecture delivered at the London School of Homœopathy, October 6th, 1881.

in his endeavours to cure or relieve disease. This appears to me to be specially desirable at the present time, in view of the various letters and essays bearing upon homœopathy which have appeared, during the last few months, in the general as well as in the medical press.

The *Lancet*, for example, told its readers in an "annotation" on the 11th of June, that it was "a matter of perfect indifference to a sick man or his friends how the physician selects his drugs." A statement like this is too absurd to require refutation. The real secret of success in prescribing drugs consists in making a correct selection of them. Whatever views we may hold as to the *modus operandi* of a drug, certain definite principles are operative when medicinal agents are chosen and prescribed.

These I propose to consider briefly to day.

The principles of drug selection will be found to be six in number—the analeptic, the anti-parasitic, the empirical, the antipathic, the allopathic and the homœopathic.

On one or other of these principles drugs are prescribed by all physicians.

A certain number of remedies are given as *analeptics*—substances with supply material, the lack of which the physician presumes is the *causa morbi*. For example, in anæmia iron is known to be in diminished amount in the blood—hence, iron is prescribed medicinally. Again, in other states, certain salts of lime, such as phosphates, are defective in amount, and hypo-phosphites are accordingly introduced into the body. At the first blush this basis of drug selection appears thoroughly rational in the class of cases in which it is adopted. We know, for example, that in rickets and mollitus ossium certain of the constituents of bone are wanting; these being so, what proceeding can, apparently, be more in harmony with common sense than to give such salts to the patient. But when we come to ask ourselves why these salts are not present in the bones, why the food which is adequate to provide them in one child is incapable of doing so in another, we are compelled to trace their absence, not merely to a defective supply, but to an inadequate power on the part of the patient to assimilate or appropriate them when supplied. Hence it is not simply a lack of the salts that we have to make good, but it is a defective power of assimilating such salts that we have to cure. As Dr. Henry Madden puts it: "The same viands may form the daily food of the healthful rosy

maiden and the pale chlorotic girl, and the same breast may nourish the strong child and its puny rachitic brother; the pabulum supplied to both may be precisely similar, but the appropriating power being diverse, the results prove widely different."*

On the other hand, experience has shown (or perhaps I should say has appeared to show) that good results may be obtained by prescribing materials the want of which is the most palpable manifestation of the morbid state. This is explicable on the hypothesis that the best stimulus to any organ is the presence of the material on which it is intended to act. This being so, the dose of the medicine is not necessarily a large or physiological dose, but one just sufficient, and no more than sufficient, to rouse the tissues to increased action.

Of the possibility of acting efficiently upon the human organism by supplying material in which it is evidently wanting, we have had of late years some interesting evidence in papers by Dr. Tuckey, of Cork, in the *Practitioner*, 1878, and by Dr. Burnett in the *Monthly Homœopathic Review* for 1880. The *modus operandi* of such remedies is probably that of a specific stimulus. But after all, when we have said all that can be said in favour of remedies of this class in certain forms of disease, there still remains the objection to our reliance upon it, save perhaps in isolated cases, that the defect lies in an imperfect power of assimilating certain salts provided by the food, rather than in an insufficiency of the salts themselves. Hence, rational medicine would direct us to consider, in our selection of suitable drug-remedies, such as are competent to deal with the imperfect power of nutrition.

Secondly. In a limited class of cases the maxim *causâ sublatâ tollitur effectus* is capable of being acted upon. The cause of disease, in such instances, is mainly, if not entirely, the presence of some form of parasite. Herein are commonly, and so far appropriately, used substances which destroy directly the parasitic growths of ringworm, lice, *acarus scabei* and other epizoa, which obtain a habitat on the surface of the body, and worms, whose host is the intestinal canal. Of the value of these there can be no difference of opinion. They enable us to apply the maxim *tolle causam*, and that in a very efficient manner in many

* *British Journal of Homœopathy*, vol. viii., p. 194.

cases. Nevertheless, there is here one point which, in the treatment of such cases, is very generally overlooked, one that suggests the necessity of some additional means of cure being applied in these cases. It is this—that for a parasite to thrive in a given person—a certain undefined and not easily described state of ill-health is necessary. In some naturally healthy children, for example, a parasiticide such as carbolic acid will extinguish a ringworm in a very brief period—in others, the most efficient of such preparations will prove useless for months. The difference is to be found by a careful study of the indications of ill-health other than those presented by the appearance on the scalp. So, too, in itch. Some cases cannot be cured for a considerable length of time by the usual methods of destroying the insect. On the other hand, persons there are who may be exposed to infection in the most direct manner that is possible, and that for a long period of time, and will remain proof against it. The difference is one of health. It is a difference which the parasiticide will not meet, which purely hygienic conditions will not counteract, but one that must be remedied by medicinal agents appropriately selected. It is this state of ill-health that Hahnemann termed *psora*.

Thirdly. Medicines are selected *empirically*. That is to say, in a given condition, a medicine which has in the past appeared to have assisted in promoting its cure, is prescribed whenever a similar condition of disordered health presents itself. This is a plan which finds more favour, perhaps, in the present day than is commonly admitted. “The practice of medicine” wrote the editor of the *Medical Times and Gazette* some fifteen years ago “had its origin in empiricism, and by empiricism it is nourished still. Empirical were its foundations in the days of old and empirical it is now.” In a letter published in the *Lancet* a few weeks ago, Dr. Donkin stated that our best remedies are and ever have been empirical.

Think for one moment of the differences, the many differences, which are met with in practice in a series of cases of a disease so well defined as pneumonia—differences arising from constitutional causes, modifications produced by the locality, degree and extent of the inflammatory processes, differences attributable to age, to the epidemic constitution and pre-existing states of health—and who shall say that one medicine, however valuable tradition may assert that it has been found, shall be useful in all

cases? Quinine is good in ague. True; but not by any means in all cases of ague—in not a few cases it is useless.

Dr. Bristowe, in his recently delivered address before the British Medical Association, disputed this. He* denies that *quinine* produces a condition similar to ague. He denies that it is prejudicial in ague, and he denies that ague ever yields to infinitesimal doses of *quinine*. That *quinine* does produce a febrile condition similar to ague is the testimony of many authors of good repute,†—of physicians who have witnessed this property exhibited in the *quinine* factories in the south of France and Germany. That *quinine* is answerable for many cases of enlarged spleen is the opinion of not a few American physicians who have used it extensively. That ague does yield to small doses—such doses as Dr. Bristowe and Indian physicians would regard as infinitesimal—has been testified to by Dr. Bayes,‡ from his experience in Cambridgeshire, and by numerous American physicians residing in malarious districts. While that some cases of ague will not yield to *quinine* when they will to *arsenic* is a thoroughly well-known and admitted fact—just as is the reverse.

Ague, from a pathological point of view, may be one and the same disease in all instances, but for therapeutic purposes each case must be studied by itself.

Ipecacuanha is by some given empirically—given, that is, because someone has said that he has found it to be useful in some cases of vomiting—but true though it is that it is a prompt and efficient curative agent in many such cases, it is hopelessly disappointing in its action in others. To select a medicine, then, on empirical grounds, to prescribe traditionally, to see a case of disease which is well marked, and label it with the name of some medicine, is, at the best, a very uncertain method of selecting a remedy. To being a scientific method it has, and, indeed, makes no pretension. Empiricism has, and empirical remedies have, however, their uses—but then their uses are educational rather than anything else. It is by a careful examination of the results and teachings of empiricism that we may hope to learn something better—that we may reasonably look for hints from which we may derive a knowledge of how to

* *British Medical Journal*, August 13th, 1881.

† Dr. Weitenweber, *Österreichische Wochenschrift*, March, 1844; Dr. Götz, *Med. Zeit. Russe*, 1851; Dr. Chevalier, *Ann. d'Hyg.*, July, 1881.

‡ *Annals of the British Homoeopathic Society*. Vol. i., p. 459.

select medicines on a more trustworthy, a more precise, and more accurate basis than that of tradition.

But of this I shall speak more at length presently, and I will now proceed to consider the *fourth* basis of drug selection, viz. :—

The antipathic method.—On this principle medicines are selected on the ground that they will produce symptoms directly opposite to those which reflect the morbid condition to be cured. The chief classifications of drugs have their origin in the general application of this principle. Thus we find the larger proportion of medicines divided by authors of works on *Materia Medica* into purgatives, diuretics, sedatives, diaphoretics, expectorants, stimulants, emmenagogues, and tonics. Where, for example, constipation is a prominent, troublesome, or may be anxious symptom, a drug such as *sulphate of magnesia* or *croton oil* is ordered, to produce an evacuation of the contents of the bowel. Is a patient sleepless? *opium*, or its chief alkaloid, *morphia*, is given; is the skin abnormally dry, as in febrile states? James's powder is prescribed.

The objections which may be raised to this plan of selecting a medicine are various.

In the first place, it necessitates the prescribing of a dose which approaches the poisonous, and being so, introduces a new element into the morbid state. The purgation, for example, irritates the mucous membrane of the intestine, and exhausts the tone of its muscular fibre. The bowel is unloaded, truly—but, save in persons otherwise healthy, the reaction of exhaustion necessarily tends to confirm the tendency to the constipation, and to require the repetition of the medicine. How often do we meet with persons who, having at one time suffered from inactivity of the bowel, have sought relief in the aperient with the result of being obliged to continue its more or less frequent use during the remainder of life! The sleep, too, which *opium* gives to the otherwise sleepless, is grateful only because oblivion is preferable to wakeful tossing to and fro. It is not the sleep which is restorative, but narcotic, a condition of stupor, of cerebral congestion for the time being—a partial poisoning, in point of fact.

Hence the antipathic remedy is a palliative merely—it is not directly curative, not specific. Again, the antipathic principle is capable of being employed to meet only individual symptoms—not the entire condition constituting

disease, not one which is expressed by the whole of the symptoms present in any given case. Constipation is but a symptom, sleeplessness is but a symptom. This difficulty is supposed to be overcome by what Dr. Fothergill calls "building up a prescription"—a process which he illustrates very fully in his *Practitioner's Handbook of Treatment* (pp. 15-18.) Thus he supposes a case of anæmia with constipation. For the former he gives *iron*, for the latter *sulphate of magnesia*; to this he adds some *tincture of capsicum*, to induce the stomach to tolerate the two former ingredients. Possibly, however, he suggests, the patient may be one who is too easily purged, and, being anæmic, may be supposed to require a tonic, so that the *sulphate of magnesia* is omitted, and *quinine* with *hydrochloric acid* substituted for it, while the bowels are looked after by a pill of *aloes and myrrh* at bed-time.

Perhaps the patient may also have piles, then *gall ointment* is applied. Maybe she has leucorrhœa in addition, and then an injection of *sulphate of alum* must be used. It is not unlikely, he suggests, that such a patient may have some palpitation at the same time, and then *belladonna plaster* is to be applied. Are the piles painful and preventive of sleep, then add a quarter-of-a-grain of *morphia* to the *gall ointment*.

Dr. Fothergill describes this as a "fairly exhaustive treatment," and such it undoubtedly is, possibly, however, it may be so in more senses than one. At any rate it is pure symptom treatment, and therefore not scientific. It consists in the introduction into the body in tolerably full doses of no less than ten drugs, not counting the infusion of *quassia* which is the vehicle, in the course of the day! Of ten substances which have a more or less irritating action upon some portion or other of the body.

But yet again, we may know what is the action of any one of these substances *per se*, but how can we predicate what this will be of all mixed up together, or of all introduced into the body in the course of the same day?

It is supposed that each drug will perform the part the prescriber has designed for it, provided that he has been careful to avoid introducing into his prescription substances which are known to be incompatible. But who shall say *à priori* what drugs are, and what are not incompatibles? Some are known to be so, but have all their combinations been tested, have all been experimented with? Verily no—

and yet, without experiment, positive knowledge is impossible—without experiment nothing remains but hypothesis.

Once more, is this method of symptom prescribing, fascinating and “exhaustive” as it may appear—is this piling of palliative upon palliative satisfactory in its results? Does it tend to promote the cure of disease? It has been the basis of drug therapeutics for long enough to enable us to reply to these questions without any resort to statistics. We may estimate its value by the effect its results have had upon the minds of physicians who have carefully reflected upon their experience in therapeutics. From Sir John Forbes five and thirty years ago down to Dr. Andrew Clark* in our day its effect has been to discredit the action of medicinal agents as being directly curative of disease. Eighty years ago Hahnemann denounced it together with the then common practice of venesection and mercurialisation, which happily require no denunciation now, in terms scarcely stronger than those used by Forbes, Mathews, Duncant† and Andrew Clark. It has been by reliance upon palliatives that the art of prescribing drugs has become so discredited by physicians of large and ripe experience in these latter days. It is from this cause that it has come to be believed that not only the specific fevers, but more or less all acute diseases have a definite course to run, a course which can neither be checked or abbreviated by the physician.

It is from this cause that chronic disease is looked upon as a state which we can scarcely expect to cure, one the sufferings from which can only be relieved from time to time.

Nevertheless, merely palliative treatment cannot be wholly ignored. There are cases of severely painful and entirely incurable disease where relief can only be obtained by palliatives of this kind—cases where suffering depends upon mechanical obstructions which are irremediable. Here the opiate or the aperient find their uses. It is not for the cure of disease that the antipathically selected drug is useful, but to obtain a diminution of suffering, the cause of which is irremovable.

A *fifth* principle of drug selection directs the prescription of a medicine calculated to excite irritation in a part of the body presumably or, at any rate, comparatively

* *British Medical Journal*, August 9th, 1879.

† *Edinburgh Monthly Journal of Medical Science*, 1877.

healthy, on the hypothesis that the existing morbid condition will be reduced by exciting determination of blood elsewhere—"deriving," as it is termed, the blood from a part where it is doing obvious mischief towards one where its excess will be less hurtful. This is the *allopathic* principle, and is seen in action when an active purgative is given in cerebral congestion—when in pelvic congestion the feet are soaked in hot water or mustard and water.

Formerly this principle of drug selection was largely used by the physician. At the present day it is regarded with little favour, and is comparatively rarely resorted to, and, save in such methods as hot applications to the extremities, it is one that is of little or no value. Purging for cerebral congestion, for example, irritates the bowels, complicates existing disease, and exhausts the strength of a patient when on the conservation of that his chances of recovery are so generally contingent, and it does so without any adequate advantage being gained. Though so seldom applied in practice, it is not a little singular that it is by this term that the basis of therapeutics generally employed is known! I apprehend that this arises from the much greater frequency with which it was relied upon in the earlier part of the present century than it is now.

The *sixth* and last principle upon which drugs can be selected, is the *homœopathic*—that which directs us to prescribe medicines capable of producing symptoms similar to those which characterise or express the morbid state we desire to remedy.

It is not, mark you, the prescribing a medicine which produces one symptom like one more or less prominent in a disease we desire to cure, but the entire group present in a given case, what Hahnemann called "the totality." Hence, if constipation is especially remarked on by the patient, it is not a matter of indifference what drug capable of producing constipation in a healthy person is prescribed, only that one can be regarded as homœopathically indicated which gives rise not only to the constipation but also to the other symptoms arising from the condition which has excited the inactivity of the bowel.

In estimating the value of this principle of drug selection, we have first to consider its *possibility*. Is it, we ask ourselves, possible that a substance which, in a larger dose, will excite a certain state of ill-health, will cure a similar condition when arising from other causes.

I referred just now to empiricism as having an educational value—as affording us material out of which we might frame a more or less exact method of drug selection. A little research will show you that in very many instances in the past history of medicine a drug which had obtained a reputation—not as a purgative, sudorific, or emetic, but as having a curative power over a given form of disease, was also known to have caused a similar condition in healthy persons. Indeed one of Hahnemann's earliest essays, setting forth the therapeutic value of the principle *similia similibus curantur*, was entitled *The Medicine of Experience*.* This was published in Hufeland's Journal in 1805. While in an essay published in 1796, entitled *Suggestions for Ascertaining the Curative Powers of Drugs*, and, fourteen years later, in the introduction to the *Organon der Heilkunst*, Hahnemann gives a very considerable collection of illustrations of drugs curing diseases similar to the conditions they themselves will produce derived from the literature of medicine. Again, to come to more recent times, the works of all authors on *Materia Medica* of the present day are full of the applications of drugs derived from the works of homœopathic physicians—of applications which were discovered through this principle of similars. Further, in somewhat older authors, you will find that the only instances in which drugs are described as competent to cure certain conditions are examples of conditions like those they are stated to produce. In Christison's *Dispensatory*, published in 1846, you will find many such.

Thus *arsenic* is referred to as causing and curing epilepsy; *colchicum* as producing suppression of urine and acting therapeutically as a diuretic; *creosote* as producing nausea and vomiting, and on the other hand as allaying vomiting from functional disturbance of the stomach; *digitalis* is said to produce suppression of urine and also to act as a diuretic; *turpentine* is described as frequently giving rise to violent strangury, bloody urine, and other symptoms of irritation of the kidneys or bladder, and on the next page is said to be especially useful in chronic inflammation of the bladder. Now, I feel sure that Professor Christison did not perceive that connection between these facts which appeared so clear to the mind of

* *The Lesser Writings of Samuel Hahnemann*. Translated by R. E. Dudgeon, M.D. Headland.

Hahnemann. That it is equally obscure to more modern writers is more than I should like to vouch for.

Then, again, my colleague, Dr. Dyce Brown, in an appendix to an essay, entitled *Homœopathy: Its Nature and Relative Value*, published in 1869, gives a similar collection, culled from the works of Trousseau and Pidoux, Pereira, Wood, Waring, Christison, Taylor, and Graves. Dr. Brown's illustrations are derived from forty drugs; Hahnemann's from forty-three. Dr. Brown refers to thirteen of the latter, so that we have in all seventy substances, which have been noticed as having cured conditions more or less similar to such as they have been observed to produce.

Surely if the observation of natural phenomena can be utilised by comparison and analysis for the formulation of an expression of mutual relation, those recorded of seventy drugs may be safely employed to ascertain that which subsists between the disease-exciting and disease-curing powers of a drug in general. Throughout the entire series of observations there runs one fact common to all—one phenomenon characteristic of all, viz., that the drug, which had been observed to cure a given disease, had, in every instance, been observed to produce a similar morbid condition in a healthy person.

To Hahnemann's observations herein referred to Dr. Bristowe, in the address alluded to, makes exceptions. He says "that while a large number of them are merely loose and untrustworthy statements of supposed facts, nearly all of them prove nothing whatever, to any unbiassed mind, in reference to those homœopathic principles which they are assumed to support."

In the first place, all of Hahnemann's illustrations are far from being of equal value. The very one—that of the sweating sickness cured by *sudorifics*—selected as the example by Dr. Bristowe, is one as little exact, of as little value, save as being suggestive, as any. It is, as Dr. Hayle, of Rochdale, had stated at the International Homœopathic Convention a few days before Dr. Bristowe delivered his address—it is one of the "rough and ready class."* To reply adequately to Dr. Bristowe's general criticism, one would need to go through each of Hahnemann's illustrations. This is, of course, impossible here,

* *Transactions of the International Homœopathic Congress*, 1881.—P. 5, part iv. London: Adlard.

and I must content myself with saying that a reperusal of these illustrations does not seem to me to justify in any way the description Dr. Bristowe has given of them. Those collected by Dr. Brown and by Dr. Drummond, of Manchester,* are, however, much more exact, much more conclusive. Further, in some instances, they carry us into Dr. Bristowe's favourite place of study, the *post-mortem* room, and show how similar, for example, are the *post-mortem* appearances of arsenical poisoning, and gastritis, and cholera; how much alike are the appearances in the lungs presented after death from *tartar emetic* and those which result from congestion of those organs. These, at any rate, are not "merely *superficial relationships*, easily observed, between the effects of certain morbid conditions and the effects of certain drugs."†

I do not, however, wish to attach any higher degree of importance to observations of this class than they deserve; but, I do contend that they prove the *possibility* of the principle of similars being a trustworthy principle of drug selection.

In the methods of drug selection I briefly reviewed a few minutes ago, the empirical and the antipathic were those which alone appeared to be capable of general application. The latter I showed to you was palliative of certain symptoms, of pronounced features of disease, rather than of morbid conditions in their entirety, or, when disease as a whole was encountered by drugs so selected, the process of doing so involved the prescription of a number of different drugs taken simultaneously, and for the most part in mixture, of the combined action of which it was impossible to foresee the result. Further, it was necessary that the dose should be large, that in point of fact it should approximate the poisonous with as much regard to safety as was compatible with its producing the effect desired.

Now in putting into practice the homœopathic method of drug selection, it is not an individual symptom, however important it may be, that is regarded, but the morbid condition as reflected in the whole series of symptoms.

Homœopathy has been most erroneously described as mere symptom treatment. It is indeed the antipathic method which alone is exposed to such criticism. It is true that the homœopathic physician is guided by the

* *Homœopathy among the Allopaths*. Turner & Co., Manchester.

† Bristowe, *op. cit.*

symptoms in selecting his drug-remedy, just as he is so directed in making his diagnosis or forming a prognosis—but in so doing he is in the surest possible manner treating, that is, applying his remedy to the condition—to the morbid state expressed by or reflected in the symptoms, objective and subjective.

Certain forms of disease are well defined in their manifestations or at any rate in those of a more obvious kind. Meeting with one of these we feel assured from our knowledge of the action of drugs, and from that we have of the diseased process we desire to check, that the most appropriate medicine will be found among a comparatively small group of drugs. Take, for example, pneumonia. *Phosphorus*, *bryonia* and *tartar emetic* all excite inflammation of the air cells of the lungs. Our investigation of our patient's case has told us that he has pneumonia, and we therefore feel assured that one of these three remedies will be useful in promoting its resolution. But which are we to give? All are more or less homœopathic, each produces in the healthy subject a morbid condition like that to be cured—the question we have to solve is, which of the three produces a morbid condition *most* like that individual specimen before us. This is determined, can only be determined by a careful comparison, not merely of the coarser, the more obvious, the pathognomonic symptoms of the disease with those of the drug, for each drug has probably produced all of these, but by a careful comparison of the finer, the less marked, but yet, for all that, the most characteristic symptoms of the individual case, with such as the drug has been found to give rise to.

Thus, in well-defined disease, the pathological process of which is well and clearly understood, it is perfectly possible to name a series of medicines, one of which will be found to be the remedy, while the ultimate appeal in ascertaining which must be directed to the *indicationes morbi*—the symptoms alone.

But all diseases are not well defined; some are obscure, many are complex. In such the difficulty of finding the exact remedy is often considerable, while generalising from pathological data is in such too frequently hardly available. Still, in most instances, disease has its centre in some one organ or another, while each drug has a special affinity for some one or more organs in preference to others. Here a group of medicines, more or less considerable in number,

will attract attention, and from this group that which is best adapted to cure will be found in the same manner, viz., by a careful comparison of all the symptoms of disease presented by the patient with those the drug has produced in a healthy person.

By selecting our medicine on the principle of similars, it is clear then that we obtain one which has a direct influence over the very tissues which form the seat of disease, and not only so, but an influence so similar that it is expressed in a manner more or less exactly like that which constitutes the disorder.

Thus the homœopathic method of drug selection has the great advantage of pointing us to a medicine whose action is *direct* or *specific*—not to one that is merely palliative.

Further, in prescribing a medicine, selected on the ground that it has a direct influence over the part diseased, it is obviously necessary that the dose given should be comparatively small. Thus, Professor Jörg of Leipsic, in discussing the relation of disease and its remedy, says:

“On the other hand, medicines operate most powerfully upon the sick when the symptoms correspond with those of the disease. A very small quantity of medicinal *arnica* will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have, in very small doses, given rise to pains and loose stools, when administered in inflammatory states of the intestines . . . yet why,” he exclaims, “why should I occupy time by adducing more examples of a similar operation of medicines, since it is the very nature of the thing that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing?”*

It is, then, not only unnecessary, but impossible to prescribe medicines selected on the homœopathic principle in a dose which approaches the poisonous—the very object of prescribing at all would be defeated by so doing.

I am not going at present into an argument in support of infinitesimal doses, but I refer here to the necessity of the small dose simply as one of the advantages derived from

* *Contributions to a Future Materia Medica from Experiments with Medicines on Persons in Health.* Obtained and collected by Dr. John C. G. Jörg, Leipsic, 1825.—P. 16.

the application of the homœopathic principle of drug selection in the treatment of disease.

We have seen, then, that homœopathy enables us to treat disease with directness and accuracy, we know that our remedy acts upon the part that is diseased, and we have also seen that it enables us, nay compels us to prescribe our medicines in doses that cannot be injurious.

Another advantage possessed by the homœopathic principle of drug-selection is, that by it we are enabled to predicate the remedy in any new form of disease that may appear. Thus in 1829 cholera was entirely new to the European physician, and Hahnemann, without having ever seen a case, and simply from a written description of the phenomena cholera presented, was able to indicate the medicines that would be of greatest service.* He then pointed to *camphor*, to *copper*, and to *white hellebore* as the chief medicines in such cases—and these have ever since proved themselves to be especially worthy of reliance in this formidable disease.

Again, some thirty years ago, an epidemic of purulent meningitis broke out among the soldiers in the barracks at Avignon. The mortality was considerable, the resources of medicine powerless in the contest. Two physicians, practising homœopathy in the town, prepared themselves to meet it, should it appear among the civil population, by a careful study of the symptoms of the disease with those produced by drugs. They came to the conclusion that *hyoscyamus* and *ipêcacuanha* were those, the action of which presented the closest analogy to that of the epidemic. Presently three cases occurred in the practice of one of them (Dr. Denis), and all three recovered. Subsequently more than 150 cases were treated successfully by them with these two drugs. By and by the medical officer of the regiment which had been so seriously attacked, discovered and announced as the result of his own researches that *ipêcacuanha* was capable of controlling the scourge by which he was surrounded. From the moment, he said, that he began to prescribe *ipêcacuanha*, the mortality among his patients diminished in the most extraordinary manner.†

No stronger evidence of the value of a principle of drug selection could be given than that it will enable a physician

* *Lesser Writings*, p. 841.

† *De la Ménigite purulente Epidémique qui a Regné à Avignon dans l'Hiver 1846-7.* Par le Dr. J. J. Béchet. Paris : Baillière, 1852.

to predict what medicine will be useful in relieving a disease previously unknown.

This power the principle of similars does confer, as the illustrations I have recited prove.

But, after all, gentlemen, the great advantage of homœopathy—of being guided in prescribing by the homœopathic law of drug selection is seen in, is afforded by the *clinical test*. Unless it can be shown that prescribing on this basis is more successful in abbreviating illness, in contending with chronic disease, and in diminishing mortality, any other advantage it may apparently present is dearly purchased. As Dr. Burdon Sanderson has somewhere said, “In judging of the value of a therapeutical method, the one and only criterion is success.” The great end of our lives, as physicians, is the cure and prevention of disease. It is a good thing and a useful to be an accomplished physiologist; equally so is it to be a profound pathologist, to have an intimate knowledge of all the phases of disease; but it is far better, far more useful that we should be good therapists; that our knowledge should bear good fruit at the bedside of the sick. Whatever tends to cure disease, *cito, tuto et jucunde*, it should ever be the aim of the physician to know.

The homœopathic method of drug selection has now been put into practice carefully and carelessly, with medicines prescribed in doses of a very wide range, in every part of the world, in every form of disease, and in every class of society, for more than eighty years; and homœopathy has a greater, a more numerous body of adherents to-day than at any former period of its history. Had the success attending its practice not been greater than that of rival, and far more influentially supported methods, this would not have been its position now. But further, the records of eighty years provide us with an abundance of material for making a survey of the relative success of homœopathy, and the ordinary therapeutics of the schools; an abundance so great as by the very magnitude of the numbers to preclude erroneous inferences being drawn from them. Touching lightly upon this method of demonstrating the value of homœopathy, Dr. Bristowe asks, “What evidence is there that any internal inflammation, any internal growth, any specific fever, has ever been cured or ameliorated by homœopathic remedies?” And then adds, “Of course, affirmative assertions will be made; of

course, statistical evidence will be forthcoming. But mere assertions, and statistics which are merely tabulated assertions, are not evidence which a man possessing scientific caution would accept in such a case."

Now, I can scarcely suppose that even Dr. Bristowe would summarily reject *all* statistical evidence bearing upon therapeutics. I admit willingly, and at once, that there is no kind of evidence which requires to be received with greater caution than does statistical. Further, there is no form of statistical evidence which demands more careful examination than such as relates to therapeutics. Allowing all this, I at the same time assert that statistics may be usefully applied in ascertaining therapeutic truth. Given observers competent for their task, and honest in its performance—cases in large numbers occurring at the same time, in the same locality, drawn from persons in a similar social position, the treatment of whose disease or diseases differed in nothing save in the medicines prescribed, and you have conditions from which you may derive statistics having a value in the determination of therapeutic questions.

And here let me refer for a minute to the question of Dr. Bristowe suggesting that there is no evidence that any "internal inflammation has been cured or ameliorated by homœopathic remedies." Time prevents my entering upon this point with anything like the fulness which the material at my disposal would allow. But I must, in reply, refer to a singularly able paper by the late Professor Henderson, of Edinburgh, in the *British Journal of Homœopathy* for 1852, entitled *Pneumonia under Homœopathic, Allopathic, and Dietetic Treatment*. Herein, Professor Henderson, with all the caution the most scrupulous critic could desire, and with that fulness of pathological learning for which he was so justly distinguished, examines a series of carefully observed cases of pneumonia occurring in his own practice and in that of M. Tessier, of Paris, and compares them with a large series, the results of which were published by M. Dietl of Vienna. The entire cases on both sides were unselected. So far as Dr. Henderson and M. Tessier were concerned, they were all that had occurred to them during the time they had practised homœopathy. M. Dietl's were also complete series.

Henderson's and Tessier's cases were 50 in number, of these 3, or 6 per cent. died, and the duration of illness, reckoning until complete restoration had occurred was

11 2-3rd days. M. Dietl treated 85 cases by venesection, of these 17, or 20.4 per cent. died, the average duration of illness in the recovered cases being 35 days. He treated 106 cases by *tartar emetic*, the mortality was 20.7 per cent., and the duration of illness 28.9 days. He left to nature—gave no medicine and drew no blood—129 cases, of these 14, or 7.4 per cent. died, the duration of illness being an average of 28 days for each case.

Now here, in an acute internal inflammation, while homœopathic treatment is infinitely more successful in saving life than the old-fashioned method of blood-letting and heavily dosing with *tartar emetic*, and while it is but slightly, only 1.4 per cent., better in this regard than pure expectancy, *the average duration of the disease under homœopathic treatment is seventeen days less*, a result which, as Professor Henderson states, “places beyond all rational doubt the claim of homœopathy to a very high degree of active curative power in pneumonia.” I can do no more here than commend this very able paper of Dr. Henderson’s to the careful study of every sceptic as to the power of homœopathy over an acute internal inflammation.

A few statistics of the kind I just now referred to I will proceed to notice. First of all let me direct your attention to the results obtained by the late M. Tessier, at l’Hôpital Beaujon,* in Paris. (M. Tessier has been dead so many years that I may be excused for remarking that he was a physician whose high capacity and sense of honour no one ever called in question.) Here he investigated homœopathic treatment clinically—the only way in which it can be inquired into with any degree of satisfaction.

In the year 1849-50-51, there were admitted into the two wards under his care 4,663 cases. The number of deaths during this time was 393, or 8.55 per cent., or 85 per 1,000. In the *same* hospital and during the *same* period of time there were in the other wards 3,724 admissions, with a mortality of 411, or 11.03 per cent., or 110 per 1000.

M. Tessier had 100 beds under his charge, his allopathic colleagues 99. With only one additional bed he was able to receive during the three years 939 more cases than they were. There could be no reason for this other than the greater rapidity with which M. Tessier was able to fit his patients for leaving the hospital. Again, any

* *De la Médication, &c.*: Ballière, Paris, 1852.

selection of cases was impossible. In this, as in all the public hospitals of Paris, the admissions were entirely independent of the physicians, save in a very small number of cases. The patients were sent in regular rotation to such wards as had vacant beds, and this by the officials, not by the physicians.

In this instance we have a large number of cases, occurring during the same period of time, in the same hospital, under similar circumstances, the only difference in the condition bearing upon recovery from illness is, that one set is treated with medicines selected on the homœopathic principle and given in small doses, while the other received medicines either of the palliative or expectant class, and this, it is to be presumed, in considerable doses. The practical result to the patients was, that the mortality among the former was 2·48 less than it was among the latter, and the duration of illness was so much shorter among the former that, during three years, each bed under M. Tessier's care received 46 patients, while those under the direction of his colleagues could only receive 37.

Another and very interesting illustration of the results of homœopathic treatment occurred some years ago in another part of France. At Roubaix, M. Liagre was the physician to the general hospital of the town.* From 1856 to 1862 the patients under his care were treated in the manner ordinarily taught in the schools, viz., as a rule, by large doses of antipathically selected drugs. The mortality was during this period at the rate of 19·26. In 1863 M. Liagre changed his therapeutics, and now selected his remedies on the homœopathic principle; during this year the hospital mortality fell to 13·70, while during the following year it was reduced to 12·97. In his report to the administrators of the hospital, M. Liagre noticed that the greater rapidity with which his patients recovered after he adopted homœopathy enabled him to admit a much larger number of patients into his 40 beds than he had previously been able to do. In 1862 he had only 348 admissions; in 1863, 416; and in 1864, 479. It must also be observed that his beds were always full during each year. So that, as he himself remarks, "in 1863, 68 patients, and in 1864, 130 patients could be received into

* Official Report of the Results obtained by the Homœopathic Treatment at the Hospital of Roubaix (Nord.). *Bull. de la Soc. Méd. Hom. de France*. October, 1865.

the hospital in consequence of homœopathic treatment, who would have been excluded for want of room had the old system been continued."

Here, then, you will see is a long series of cases treated by the same physician in the same hospital, in which by a change in the method of drug selection, and by this only, a saving of life to the extent of seven per cent. was effected, while the rate at which the sick recovered was so greatly increased in rapidity, that he was able to receive into the same number of beds more than one third more cases of disease than he had been able to do before he altered his manner of choosing drugs.

Take now a somewhat different class of observations and compare the results of the different methods of drug selection in two similar public institutions. The subjects of the experiment are derived from the same class of the population, and from the same city, and occurred during the same period of time.*

In the city of New York there were during the twelve years ending in 1854 five Orphan Asylums. In four the medical treatment was non-homœopathic, and during these twelve years the average number of orphans received into each asylum was 3568.5—the mortality in these was at the rate of 1 in 41 or 2.10 per cent. In the Protestant Half-Orphan Asylum, where the treatment was homœopathic, the number received in the twelve years ending with 1854 was 3,075, the mortality 1 in 146 or .68 per cent. Showing the rates of mortality under the different modes of drug selection to be more than 3 to 1.

In another class of cases the evidence is unquestionably less exact, and therefore more open to criticism; but the numbers dealt with are so considerable, the authorities to whom we are indebted for them are so thoroughly reliable, and they afford such striking evidence of the therapeutic value of the homœopathic law of drug selection, that I must not omit them from our consideration. I refer to the results which have followed homœopathic treatment in cholera and yellow fever.

The practice of homœopathy was, some fifty years ago, forbidden in Austria, but the imperial edict failing to suppress it, a commission of twelve physicians was

* From the Report of the Minority of a Committee appointed to enquire into the propriety of introducing Homœopathy into Bellevue Hospital, New York. *North American Journal of Homœopathy*, May, 1858.

appointed to enquire into it at the Josephinum Military Hospital. All the members of this court of enquiry were strenuously opposed to homœopathy. Dr. Marenzeller, a veteran homœopathist and contemporary of Hahnemann's, was appointed the physician, and two members of the commission attended with him daily, reporting the progress of the cases at the expiration of every ten days. The only part of the report published was that by Dr. Jaeger and Dr. Zang. It contained a very brief outline of the cases and their treatment, and expressed the surprise of these eminent physicians at the happy issue of some of them. The commission, however, as a body, came to the conclusion that, from the results of their investigation, it was impossible to declare either for or against homœopathy. One of them, however, subsequently stated his conviction of the efficacy of the system from these trials, and subsequently became an open adherent of the system.

When cholera prevailed in Vienna in 1836, the Leopoldstadt hospital, under the care of Dr. Fleischmann, was ordered to be fitted up for the reception of cholera patients. On comparing the report of the results obtained in this hospital with those of other hospitals in Vienna, it was found that whereas in the former, two thirds recovered, in the latter, two thirds died. These results led to the repeal of the edict prohibiting the practice of homœopathy in the empire. These facts I give on the authority of the late Sir Wm. Wilde, the eminent ophthalmic surgeon, who records them in his book entitled *Austria and its Institutions*, published about 30 years ago. There must have been an irresistible degree of reality in these results of Dr. Fleischmann to have elicited so signal an expression of opinion from so autocratic a government as that of Austria.

So, too, in Edinburgh in 1848-49, out of 236 cases of well marked cholera, attended by the physician of the homœopathic dispensary, 57 or 24.6 died, while of 876 cases, occurring at the same time, treated in the ordinary way, 546 or 62 per cent. died.* In Liverpool in 1849, out of 179 cases, 45 or 25.7 per cent. died; the cholera mortality throughout the town, being stated by the medical officer of health, to have been 46 per cent.† At the London Homœopathic Hospital in 1854, 38 cases—23 being in a state of collapse—were admitted, 7 died, one discontinued the

* *Russell on Cholera*. London: Headland.

† *British Journal of Homœopathy*, 1850.

treatment, leaving the mortality at 21 per cent. These cases, though too few in number to be of much value, if taken alone, have an additional importance attaching them from their having been watched by a Medical Inspector of the Board of Health, the late Dr. MacLoughlin, who, in a report he made upon his visits, said that all the cases were true cholera in various stages of the disease, and that he saw several which did well, that he had no hesitation in saying would have died under any other treatment.

Similar results have been obtained in other towns in England and in the Barbadoes.

In the chief cities of the Southern States of America the success of homœopathy in various epidemics of yellow fever during the last thirty years has been simply remarkable—the mortality in a large series of cases being generally about 6 or 7, and never exceeding 10 per cent.

Those on whose authority these results are given are physicians of large experience in several epidemics, physicians living in localities where they have occurred—men whose honour and veracity are as indisputable as are those of any physicians in the world.

Dr. Bristowe, I just now remarked, has stated that the statistics which would be adduced to rebut his estimate of the practical worthlessness of homœopathy were such as no cautious scientific observer could accept. The scientific observer is not, however, the only cautious student of statistics or of statistics bearing upon the chances of life. The commercial man is a singularly cautious student of such statistics, and perhaps no commercial man is more cautious in drawing inferences having a money value than is the New Yorker. In New York we find a Life Assurance company doing a good and profitable business, the chief feature of which is that persons who, when ill, pledge themselves to be treated homœopathically are assured at 10 per cent. lower rates than are those who will not do so. During the first ten years of its existence 8,332 policies were issued to homœopaths, of which 112, or 1 in 74, terminated by death; and 2,360 were non-homœopathic—of these 75, or 1 in 81, terminated by death.

In all American insurance offices the books and securities are liable to examination at any moment, and if found unsafe the office is compulsorily closed. Repeated examinations of this kind have resulted in showing that the New York Homœopathic Mutual Insurance Company

is doing a good and safe business. Statistics which are reliable enough for a New York merchant, after thirteen years' experience of placing confidence in them, may surely be regarded as worthy the attention of a scientific observer.

These statistics of the results of homœopathic drug selection in the treatment of formidable disease might be very widely extended, but I think I have adduced sufficient to assure you that comparative success in the treatment of disease warrants us in relying upon homœopathy in choosing our drug remedies.

Further, these statistics appear to me to do far more than this. They are so striking, so incontestable, that they ought to make it a matter of duty with every medical man, to test for himself the plan of drug selection to which the results they record are due. Sir William Gull said the other day, in opening the section of Practical Medicine at the International Medical Congress, that while we call ourselves physicians, and should be jealous of the title, we must remember that we are *medici*, or curers of disease. Yes, to cure disease is the mission of us all, and he best fulfils that mission who most thoroughly investigates all methods of relieving suffering which are presented to him, with well-sustained evidence of their value.

The thorough clinical study of the homœopathic method of drug selection is, then, I contend, the duty of every practitioner and student of medicine.

To this study, we invite you in this lecture room, and in the wards of this hospital.

21, Henrietta Street, Cavendish Square, W.

LUPUS AND ITS TREATMENT WITH HYDROCO- TYLE ASIATICA.*

By E. C. FRANKLIN, M.D., University of Michigan.

I HAVE had in my surgical clinic five well marked cases of *lupus non exedens* in patients who exceeded the fortieth year. I propose to give the treatment that has been eminently successful in all but one case, which, from the general impairment of constitution and extreme old age of the patient, does not promise such good results as I had hoped

* Reprinted from the *New York Medical Times*.

for, in considering the beautiful cures in the other cases. This latter case is still under treatment, and is the last of the series. The others are cured and have left the clinic for a period of time varying from three to sixteen months.

Definition. Under the term lupus—a heterogeneous neoplasm of the skin, which consists of a deposit in the corium of “granulation tissue,” the elements of which resemble the cells of the Malpighian layer—I shall include all the varieties of this disease, viz.: lupus *non exedens*, the *exedens*, and the *erythematodes*. This term has been vaguely applied to other forms of cutaneous ulceration, which has tended very materially not only to embarrass the nosology of diseases, but to confuse their curative treatment.

Lupus *exedens*, says Helmuth, “first appears in the form of a tubercle on the ala of the nose; it is hard and dusky red; quite sore, the soreness sometimes extending into the nostril.” A thick scab first covers the ulcerated spot; this in time falls off and shows the ulcer extending inwards and rapidly destroying the alæ, tip, and columna. At this period there seems a respite to its advance *inwards*, and the spreading is rather on the surface than among the deep lying tissues. This deceptive pause soon yields, however, to a greater erosion than before, and all the structures that lie in its path inwards, whether of bone, muscle, connective, cartilaginous, fibrous, or mucous tissues, melt away before it, presenting a deep, clean-cut excavation, without fetor, swelling, or redness, but enveloped in a dark-brown or blackish crust, the surrounding skin being unimplicated to the very margin of the ulcer.

When it attacks a patient of scrofulous habit, the extension of the ulcer is more superficial than deep, and more rapid in its progress, destroying the whole nose in two or three weeks. In the non-scrofulous patient the disease moves on with scarcely any perceptible advance, occupying years in completing its devastation.

Occasionally it is associated with a syphilitic taint, and presents all the evidence of venereal infection.

A very interesting case of the first variety of this disease came under my observation while in joint attendance with Dr. Helmuth* in the Good Samaritan Hospital, St. Louis, Mo., to which the reader is referred for interesting details

* See Helmuth's System of Surgery, p. 828.

of description and treatment. It is rare in old age, and frequently is seen between the 10th and 30th year.

Lupus non exedens is a milder type of the disease, and appears in the shape of a red patch, or a small, soft nodule occupying the nose, face, or chin, which is covered by a fine, brawny, superficial desquamation, or white scales of detached epidermis. It often remains stationary for years, producing a contracted appearance of the skin, with a feeling of stiffness or drawing in of the features, resembling the cicatrix following a burn. It is covered with a slight scaly covering, which, dropping off, shows a reddened, brawny appearance of the integument beneath. In time these patches increase in size and depth, which sometimes undergo fatty degeneration and become absorbed, leaving a superficial or depressed scar, according to the degree of deposit. At other times the ulceration extends superficially, involving the entire thickness of the skin, which is covered with a continuous crust.

Lupus erythematodes. This is a peculiar variety of the disease, and unlike the two preceding, in its characteristics. It begins as a small reddish macule in the walls of the sebaceous follicles, and extends to the adjacent structures, and spreads superficially at the periphery while it is healing in the central point. The patches are studded with pearl-coloured or grayish points of sebum, which shoot up from the implicated follicles, without producing deep ulceration. Upon the subsidence of the disease there appears a thin, shining, depressed, cicatrix, showing the atrophic changes going on in the skin.

An *acute* form of the disease, more common in Germany than elsewhere, according to Hebra and Kaposi, has a large number of these macules scattered over the face, in some cases being confluent, and occasionally involving the trunk and extremities. They are painful and increase with considerable rapidity, and give to the disease the appearance of acuteness. Its leading characteristics are, the primitive macule, the colour, the slight brawny scales, the chronic and slow course, and the tendency to scarring. No *pain* or *pruritus*, but a slight itching, marks the course of lupus in all its varieties.

Histological elements. "The lupus tubercle consists of an aggregation of small cells, among which larger polynucleated ones, known as 'giant cells,' are sometimes found." In the *lupus exedens*, "the characteristic micro-

scopic feature is the occurrence of sharply defined aggregations of small non-stratified cells, without much or any diffuse cellular infiltration." (Piffard.)

Etiology. The proposition is almost universally held in England, France, and Italy, that lupus may properly be considered an expression of the scrofulous diathesis. On the contrary, the Vienna school and its adherents oppose the scrofulous participation. Thompson, who is excellent authority on this point, maintains that it is "but the local manifestation of a general disease," a view indorsed by Dr. Piffard, a late writer on the therapeutics of the skin, as well as other dermatologists whose opinions are entitled to great weight.

Prognosis. Before any special lesion is concerned, the prognosis of this disease is good, and I believe better results have followed homœopathic treatment than any other known therapeutics. In the early stages of the disease it yields readily to internal and local medication. If it has progressed so far as to produce a lesion of considerable size, the cure will be correspondingly protracted. If it has been neglected and has gone on to involve the deep structures, thereby placing the disease beyond the hope of surgical means, with constitutional impairment which is the rule in these cases, then the prognosis is proportionately doubtful, more from the cachectic condition developed than the extent of the lesion. In two cases I am sure that I have seen epithelioma developed upon the site of an old lupoid ulceration, when all the characters of the disease were changed.

Treatment. The treatment of lupus must be considered, first, with reference to the genius of the disease, viz., a constitutional dyscrasia; secondly, to the cure of the local disorder by externally applied medicinal agents. It cannot be doubted that, if the constitutional diathesis presents well pronounced symptoms, our chief reliance must be placed upon those remedies that expend their curative action over those internal and physiological processes most deeply involved in the disease. If, on the other hand, no systemic impairment can be detected, and the lupus shows no evidence of acuteness, the local manifestations being the most prominent indications for treatment, attention to the external lesion will be ordinarily sufficient. It is just here where the higher potencies effect so much good and so frequently bring about a happy issue in these cases, where the best

directed efforts of the allopathic physician have most signally failed in effecting a cure.

The remedies which I have employed the most successfully in the *non exedens* and the *erythematodes*, as well as in the *early* stages of the *exedens*, are *Ars. iod.*, *Calc. iod.*, *Ferr. iod.*, *Kali. iod.*, *Merc. iod.*, *Kali. bich.*, *Hydrocotyle Asiat.*, *Silica*.

I have tried most faithfully the remedies proposed by Gilchrist in his Surgical Therapeutics in various potencies, and regret to say the patients were not benefited in the least by either one of the following: *Caust.*, *Staph.*, *Lyc.*, *Conium.*, *Baryt.*, *Graph.*, *Phos.*, and *Sulph.* My experience has led me to remark that the iodides and their bases have effected better results with me than either of the preceding remedies, yet I have sometimes been disappointed in their use. Of all the remedies which have given me the most successful results is the *Hydrocotyle Asiatica*, and I can testify my commendation of this remedy which Helmuth has called the attention of the profession to in his recent work on Surgery, and which acquired such "great reputation in the hands of Dr. Boileau, resident in the Mauritius." "Of 57 persons suffering from lupus who were treated by the remedy, in all without exception, the disease was arrested and in a very short time."

I have heard the statement made, I think by Dr. Gilchrist, that *Hydrocotyle* was not curative of lupus; that the relations of the drug pointed to elephantiasis arabum alone. My opinion differs widely from this, and I have the record of *three cases* to prove its efficacy in lupus, and I am sure the profession can rely upon it with certainty in all cases where constitutional diathesis does not develop a marked indication for treatment.

ABSTRACT OF CASES TREATED IN CLINIC AND HOSPITAL THE
PAST TWO YEARS.

Case 1. Sarah C., æt. 36. May 6, 1880. Had ulcer on right side of cheek covered with scab size of half-dollar. Has been suffering with the disease more or less for three years. Removal of scab shows the characters of lupus. Sharp stitching pain in part. For the past year growth has ceased till three months ago, when it began to increase sensibly. Diagnosis, lupus *non exedens*. Prescription, *Hydrocotyle As.* 6x, three times a day internally and ten drops in one ounce of water locally. May 12. Feels a little

better; parts do not feel so stiff; no pain; C.T. May 12. Reports herself decidedly improved; C.T. June 10. Scab shows no tendency to return; skin feels a trifle indurated, but shows marked improvement; C. T.; medicine to be given twice a day. June 22. Reports herself perfectly cured. Discharged.

Case 2. Mrs. T. Webster. Entered clinic May 18. History. Seven years ago had small pimple on right side of nose, red and elevated, which ulcerated and spread, and for nearly two years it stopped growing. The size of a silver dollar now, and extending over the skin surface. It began to grow from being overheated, attended with itching. The scabs would grow and fall off, leaving a reddish base. Diagnosis, *lupus non exedens*. Prescription, *Hydrocotyle As.* 6x, three times a day and first dilution of remedy applied locally. June 1. Patient improving; C. T. June 28. Improvement continues; C. T. This case continued the remedy till all was taken, and in consequence of my absence from the city did not see her till my return in October, when she reported herself cured.

Case 3. Mrs. P. Entered hospital November 27, 1880. History like the preceding. Gave her *Ars. iod.* 6th, three times a day, and ten drops of *iodine* in one ounce of water applied externally. In three weeks she returned very little benefited if any. Gave *ferrum iod.* 3d, twice a day, and the same application locally. Returned in two weeks not improved. Ordered no medicine for one week, and *Hydrocotyle As.* 6th, three times a day for two weeks, and the *Hyd.* externally as in the preceding cases. She reported in the three weeks that she felt "a hundred per cent. better;" C. T. To report in three weeks more. Reported cured.

Case 4. J. W. H., æt. 70, male. March 22, 1881. Had growth under left eye. Began as a red, elevated pimple in the skin. The physician treated it with escharotics, which resulted in complete ectropion, which was subsequently operated upon and cured. Now has a similar growth on nose. Diagnosis, *Lupus non exedens*. Gave *Hydrocotyle As.* 6th, three times a day, and the external lotion. April 7. Returned with slight improvement. Ordered medicine continued. Have not seen him since and do not know positively the result of treatment.

I shall look at this case with a considerable interest, for I was a little in doubt about the diagnosis, although the previous surgeon expressed himself with great positiveness

as to the disease, and pronounced it unhesitatingly the *non exedens* variety of lupus.

It seemed to me that the disease was implicating the skin too deeply; the scab was a little too hard for lupus, and the adjacent skin too much infiltrated for a *positive* diagnosis of lupus. We shall see soon and report the result.

THE TREATMENT OF SPLINTS IN HORSES.

By W. B. B. SCRIVEN, M.D.

EVERY *bonâ fide* example of the genuine action of the law of similars is valuable and worth recording. This is more especially the case when the subject is an unimaginative pachyderm, who is ignorant of the object of the treatment of which he or she may be the victim. I may here observe that the lower animals have in several instances been instrumental in convincing some of the most powerful intellects of the truth and superiority of our system of cure. Archbishop Whately was converted in this wise. My late friend, Dr. Charles Luther, had attended with success, one of the Misses Whately. Her father, then a candid unbeliever, could not refuse his assent to the fact that the health of his daughter had been quite re-established under Dr. Luther's treatment, after a long period of delicacy and active medication *secundem artem*. His Grace, still sceptical as to the efficacy of infinitesimals, remarked that Dr. Luther's success might, in a great measure, be due to the action of "mind on matter," but said, that if he (Dr. Luther) would cure his favourite dog, a brown Irish water-spaniel, who was almost depilated by mange, and had been under the care of the most distinguished vets. in London and Dublin, he would believe. Luther accepted the challenge: the dog recovered his hair and his health in six or eight weeks; the great logician became a firm homœopath, and continued so till death.

We have now to do with a larger, if not nobler animal. About three years ago, I bought a well-bred mare, five years old, with a very prominent splint, the size of a walnut, on the inside of the near fore leg, about three inches below the knee. From its position and its having become thoroughly ossified, it did not cause lameness or

constitute "unsoundness," but was a blemish which I hoped to remove. Dr. Garth Wilkinson has drawn attention to the action of the lava of Mount Hecla on the cattle and ponies which graze on the slopes of the mountain, giving rise in them to various bony deformities.

It occurred to me that if the lava could produce exostosis it ought to cure splint. I got our friend, Mr. Gould, to prepare an ointment of one drachm of 1st trit. of lava to an ounce of lard. This was rubbed on the splint night and morning, and five grains of the 3rd dec. trit. was put on the mare's tongue twice a day. In three weeks the splint began to soften, and in three or four more had quite disappeared. The next case was that of a valuable high-stepping harness mare, twelve years old, who, when young, had thrown out a large splint, which, after hard work, used to inflame, and lame her, but latterly had given us little trouble. As an experiment, I ordered the same treatment to be resorted to with her, and in a few days the splint became so tender that we desisted, and when the aggravation passed off, the splint had become smaller, and now causes no inconvenience. Last summer, a military friend told me he had a very valuable hunter which had become lame from ossification of the cartilages of both fore feet. I mentioned my success with the lava, and advised him to try it. He afterwards went abroad, and when in London *en route* for Cannes, wrote to me as follows from the Army and Navy Club, Pall Mall: "My horse was affected in both fore feet with a considerable enlargement and hardness of the cartilages from ossification. I applied your remedy both internally and externally for three weeks, before I perceived any improvement, but after that time the benefit was very marked, both in removing the enlargement, and also taking away the hardness at the heels and restoring their springy feel. Whether the cure will be perfect, time alone will tell, but so far nothing can be more satisfactory. I am still going on with the treatment. Again thanking you much for your kindness, &c., &c."

I called some days ago at the stables of my friend, and saw the horse, who has now no trace of hardness, and goes perfectly sound.

Dublin, 23rd Nov., 1881.

A CASE OF POISONING BY *SULPHUR*.

By ROBERT T. COOPER, M.D.,

Physician, Diseases of Ear, London Homœopathic Hospital.

THE diffusion of *sulphur*-constituents throughout nature is so extensive that it probably happens there are more cases of poisoning by *sulphur* and its derivatives than by any of the other chemical elementary bodies, *phosphorus* and *arsenic* even, not being excepted.

And yet scattered through medical literature there would probably be found a hundred cases of *arsenic* poisoning for one of *sulphur*, the reason being that *arsenical* effects thrust themselves upon us, and in a way compel us to notice them. Considerations such as this show the need there is for following, in this respect at all events, the instructions of the illustrious Hahnemann, and noting down all the circumstances connected with our patients' cases, whether these appear at the time to be calculated to help us to a better understanding of the case or not.

A collection of such cases, carefully studied, would, I feel sure, lead to the inference that many of them must have been under the influence of *sulphur*-bearing substances.

Elizabeth D—, a housemaid, aged 26, consulted me 15th November, 1881, for weakness, with inter-scapular pains; she assures me she never has been strong, though much worse the last two months. She has suffered a good deal from irregular action of the heart, and complains of an unpleasant taste and confined bowels, her appetite, notwithstanding, being good. Observing the peculiar atrabilious complexion and roughness of skin that I have for long been in the habit of considering an indication for *sulphur*, I prescribed our *sulphur* mother-tincture, and was just handing her the prescription, when she gave me the following interesting particulars:—

A year and a half ago, not feeling well, was induced to take a teaspoonful of *sulphur* in a little treacle, and has never felt well since. This quantity was taken during the catamenia, and immediately afterwards a change took place in the colour of the discharge. From being natural, it changed to a pale yellow discharge, exactly the colour of the sulphur itself, and so it continued for at least three months. Ever since then, for a week before each monthly illness, she is troubled with this nasty yellow discharge, which smells and looks exactly like sulphur.

Moreover, she says that soon after taking the *sulphur*, abscesses formed about the teeth, which until they discharged, would occasion a great deal of pain.

Still further, any purgative medicine, instead of acting upon her bowels, will, since taking the *sulphur*, be succeeded not by purgation, but by an increase of this horrid discharge, and the urine, too, will at the same time smell strongly of *sulphur*. The discharge leaves a yellow stain, with *sulphur*-like odour upon her linen. Her teeth, especially the back teeth, upper and lower, are much decayed, in fact they are perfectly useless, while before taking the *sulphur* they were very good indeed.

Hearing all this, I naturally altered my prescription, and gave ten grains of *mercurius solubilis*, 3rd dec. to go over the week.

November 22nd.—Feels stronger, and is clearer in her complexion. Has had an increase of discharge since taking the medicine, and it smells even more sulphury than before. Inter-scapular pain gone, bowels still confined.

November 29.—Very much better in all respects, bowels act all right, monthly illness on—natural.

Briefly, the case shows—(a) the antidotal power of *mercurius* over *sulphur* (“in such cases (*i.e.*, where much *sulphur* had been used) a dose of *mercurius* x ought to be given first, before the *sulphur* is exhibited.—*Chronic Diseases*, Hahnemann, vol. i., p. 162); (b) that *sulphur* acting injuriously leads to decay of the teeth, thereby confirming both Hahnemann and the Vienna provings; and lastly, (c) it seems to prove that under some circumstances there may grow up in the system a manufactory of *sulphur*, just as we know occurs with carbon.—(*Vide* Mackellar, *Edinburgh Monthly Journal of Medical Science*, 1846).

A CASE OF GASTRO-INTESTINAL HÆMORRHAGE.

By Dr. PROELL, Nice and Gastein.

LAST March, whilst the Sirocco wind was blowing, I was called to go as quickly as possible to a gentleman suffering severely from violent vomiting and colic. I found him in bed, complaining of continual sickness and great anxiety, and trying to alleviate his sufferings by compressing his bowels with both hands; great giddiness when raising his head.

Present State.—A tall man, 70 years of age, light eyes, face extremely pale, tongue white, sour odour from the breath. He vomited with great effort a vessel full of a thick poultice-like substance, resembling chocolate or coffee-dregs, of a very offensive odour; no thirst; burning and pricking pain in the abdomen, which was much swollen; great difficulty in speaking; pulse 80, and hard; breathing accelerated; urine normal; skin cool.

Prescription.—*Trit. carbo. veget.* 5. A pinch every half-hour.

Diet.—Nothing but cold milk, and a little water in case thirst should return.

Legs and feet to be enveloped in flannel.

After an absence of two hours I returned, and found the colic and vomiting much lessened, the temperature higher.

The following morning I was told that he had passed a better night. He had vomited several times, but only towards morning, when the vessel was again filled with the same kind of bluish-black poultice-looking material. Colic much lessened, but still the same painful moaning.

Prescription.—*Trit. carbo. veget.* 1x: A pinch every two hours. Cold milk every hour, but only a teaspoonful in order not to fatigue the exhausted stomach.

Evening Visit.—During the day appetite returned, but only momentarily. Great weakness, with sticking burning pains, and increased violent vomiting towards evening. Much thirst, but satisfied with small draughts of water. Vomiting of the same quantity and quality as before. Urine normal.

Prescription.—*Arsen.* 6 dilut.: 2 drops on the tongue every half-hour until a change occurs, then less frequently.

March 12.—The next morning I learned that soon after the second dose of *arsen.* the burning pain was lessened. After the third dose the vomiting and thirst decreased, and the patient slept from 1 a.m. till 7 a.m. In the morning he awoke with a bitter taste in the mouth and offensive smell from the breath; no appetite; tongue covered with a thick yellow coating; no thirst; nausea and hiccup; sensation of fulness in the stomach; vomiting and burning pain entirely passed away; no evacuation for four days.

Prescription.—It was now desirable to empty the bowels, and I first ordered an injection of lukewarm water. To this the patient made great objection, and as there was no instrument in the house, and no one capable of managing

one, I was obliged to give up that way of helping him, and prescribed instead *tincture of nux. com.* 6, 2 drops every 3 hours. I chose *nux. com.*, not only on account of the new symptoms, but also because he had been accustomed all his life to good living (*bon vivant de première classe*). In the evening I was sent for hurriedly, as the invalid had been found stretched senseless upon the floor of his room, by the bedside, in the midst of involuntary evacuations. His friend, who lived in the same pension, had come by chance into his room, and after washing him, whilst lying on the floor, put him back into bed, with the help of others. Whilst lying on the floor, the patient was quite cold, and of a deathly hue, but when returned to bed, he became of a burning heat, and quite red with fever. He had again much thirst, with anxiety, and a fiery sensation in the bowels. *Symptoms.*—tongue blackish, mouth very dry, breathing short, thirst inextinguishable, but satisfied with small quantities of water. Pulse, 84, and very weak. No vomiting.

Prescription.—*Tinct. arsen.*, 1x. dilut., 2 drops on the tongue every hour; to be stopped when the diarrhœa ceased.

Diet.—Rice and rice water alternately, with tea, to be given often, but in very small quantities.

March 13th.—Morning visit. Found the patient had slept better. No vomiting. Two evacuations of the same kind as before. All the above-mentioned symptoms lessened. Less apathetic. Breathing still short. Pulse, 80. Swelling of the abdomen. No longer thirsty.

Prescription.—*Carbo. veget.*, 1x, trit., a pinch on the tongue every three hours.

Evening.—Still better in every respect,

Diet.—No longer milk alone, but mixed with a teaspoonful of Cognac.

March 14th.—*Morning.*—Had slept tolerably during the night. Five evacuations, but these, for the first time, were more brown than black. Abdomen swelled, but less painful. Breathing easier.

Prescription.—*Carbo. veget.*, 1x.

Evening visit. Only one evacuation. All symptoms better. *Carbo.* to be given once only, just before going to sleep.

March 15, morning. Passed a good night. No evacuation. Same prescription and diet.

March 16, morning. Had no sleep during night. Ten attacks of diarrhœa, but colour browner, and of a firmer consistence. *Prescription*.—*Carbo* 30. No longer milk, but tea and biscuit, also a little weak brandy and water to be given when thirsty.

March 17. Passed a good night. No evacuation. Patient fresher, but pulse still 80, and very weak. *Prescription*. No more medicine. Beef tea with toasted bread, and instead of brandy, Bordeaux in small quantities.

March 23. The first normal evacuation after three days costiveness. Patient now allowed to get up, take a drive in the carriage, and eat regular dinners. I now ordered him to take Gastein water, in order to strengthen the bowels. At the end of April he left Nice, completely cured, and his face had then lost its pallid hue.

This case is interesting on account of the uncertainty surrounding its pathology. It was only during the last few days of his convalescence that I was made acquainted with the full history of the disease, which is somewhat as follows:—

When an officer in a cavalry regiment in his 17th year, he suffered greatly from piles and gout, and, during the bombardment of Venice, from malaria. Some months afterwards he had a dangerous attack of inflammation of the bowels, and at Vienna dropsy of the abdomen. In his 43rd year he married, and remained three years longer in the cavalry. He then had an attack of gastralgia and gout, and went to Carlsbad. The death of two children threw him into a state of nervous debility and chronic gastric disorder. It was not until he attained the age of 60 that he had the first internal bleeding, when he lost 7 lbs. of blood. This attack, which threatened his life, was, he thinks, brought on by too hard and excessive riding on horseback. The enormous loss of blood was checked, and he went to Naples for recovery. There he lost his wife, and suffered greatly from continual colic, but the summer brought relief. The next spring he went to Marienbad, but soon afterwards he had again internal bleeding, with fainting. Weak during two months. He came to Nice in February, 1881, and the 11th of March following began the disease just related.

Nice, Nov. 15, 1881.

NOTE ON THE SOLUBILITY OF *PHOSPHORUS*
IN ETHER.

By J. M. WYBORN.

THE gravimetric estimation of *phosphorus* in ethereal solutions being a matter of great difficulty, the following experiments were made with a view to ascertain somewhat exactly the extent to which the substance is soluble in this medium at the ordinary laboratory temperature, viz., 60° Fahr.

The precautions described in a note on alcoholic solutions of this medicine (this Journal, vol. xxi, p. 748) were observed—

1. Solutions in absolute ether were first prepared to determine approximately the proportion of vitreous *phosphorus* soluble, and this was found to be, while the solutions remained clear, about one grain in between 200 and 250 minims, but the liquid quickly became opalescent and began to deposit a half liquid, half pulverulent mass, varying in colour from that of straw to red, and which finally became solid and adhered to the glass firmly.

2. Common ether having a specific gravity of 0.735 at 60° (ascertained by the balance immediately before and after the experiment) was used in this case. 2,000 grain measures were measured by the specific gravity bottle, and placed in an ether capped, white glass bottle, holding little more than this quantity, and kept during the operation in a boxwood case to guard it from the light. 8.10 grains of *phosphorus* chips were placed in this and completely dissolved in a few days, the solution remaining clear. 1.10 grain was then added and in due course dissolved. 1.30 grain was afterwards added, but only a little more than half this quantity was taken up, and the solution ultimately became turbid, so that the operation could not be carried further. It was, however, calculated that 10 grains in all had dissolved, the proportion being equal to a grain in about 219 minims. The temperature remained at about 60° during this experiment.

3. A block of *phosphorus* from the same sample, weighing 16.8 grains, was placed in 2,000 grain measures of the same ether, and after maceration and occasional shaking for five days, was re-weighed, and the net weight found to be 6.4 grains, 10.4 grains being left in the solution, corres-

ponding to the proportion of one grain in 211 minims. Temperature was maintained at 60°.

4. A block of *phosphorus* weighing 34.16 grains from a different sample to that previously used, was placed in 2,000 grain measures of ether having a specific gravity of 0.733, and macerated with occasional shaking for six days. Between the third and fifth day it remained unshaken, the temperature in the meantime falling to 55°; in consequence of this, a quantity of crystals formed from the solution, which were only partially re-dissolved, after thorough shaking and further maceration at 60° for five hours, and the experiment was abandoned. The block when re-weighed contained 22.56 grains, having therefore lost 11.60 grains in weight, and the residuary crystals were roughly estimated, by the quantity of ether required to dissolve them, at about a grain, leaving about 10.6 grains dissolved, and proving that the maximum amount in solution was less than 11.60 grains.

5. A block of *phosphorus* weighing 20.02 grains, from the same sample as that used in the last experiment, was placed in 2,000 grain measures of the same ether, and macerated as before for five days. The lowest temperature reached was 56°, and the solution showed a tendency to crystallise on the fifth day, some very minute crystals forming, which were nearly all re-dissolved by shaking and further maceration for some hours at 60°. The block remaining weighed 8.69 grains, having lost 11.33 grains, and the solution remained clear.

The mean results of experiments 2, 3 and 5, would probably represent the average degree of solubility of different samples of *phosphorus* in common ether, varying, as it usually does in the pharmaceutical laboratory, between specific gravity 0.733 and 0.735. The proportions would then be as under:—

	No. 2.	No. 3.	No. 5.	Mean.
Amount soluble in } 2,000 gr. measures	10 grs. ...	10.4 grs. ...	11.33 grs. ...	10.58 grs.
Proportion in minims	1 in 219 ...	1 in 211 ...	1 in 194 ...	1 in 208
„ gr. measures	1 in 200 ...	1 in 192 ...	1 in 177 ...	1 in 189
„ grs. weight	1 in 147 ...	1 in 141 ...	1 in 129 ...	1 in 139

For medicinal purposes the saturated solution of *phosphorus* in common ether might be considered as containing a grain in about 200 minims.

It also appears that absolute ether is an unsuitable solvent of this drug.

REVIEWS.

Rheumatism. By T. J. MACLAGAN, M.D. Pickering & Co.
London.

UNDER this title we receive an exhaustive monograph on this most formidable disease. From Dr. MacLagan's standpoint the subject is treated with a masterly hand, almost the whole literature of rheumatism being laid under contribution to furnish material in favour of his views.

The first three chapters are devoted to the etiology of the disease and the symptoms of the different varieties; also to the special characteristics of rheumatic inflammation, from which the author draws the conclusion that "this inflammation is the result of the action of a special poison circulating in the blood." From this the transition is easy to the consideration of the nature of this poison. Starting with the generally received idea, that rheumatism is due to excess of lactic acid, Dr. MacLagan points out that this idea, although it possesses a *definite foundation for a rational line of treatment*, has of late years been somewhat discredited. The failure of the routine treatment by alkalies having tended more than any other cause to bring about this result. The presence of lactic acid in excess cannot be denied, but the author cannot see that it necessarily is the cause of the rheumatism. He says, "It is quite possible that the morbid action which constitutes the rheumatism may give rise to an excess of acid," pointing to a similar relationship between *uræa* and the specific fevers. One of the chief arguments against the lactic acid theory of causation is the fact that the administration of alkalies, however early, exercises little or no power over the disease; but for want of a better treatment they have till recently continued to be the chief remedies. We pause here to wonder at the professional morality which will continue to administer drugs confessedly inert, and would contemptuously refuse to make any trial of such well-tried remedial measures as *aconite*, *bryonia* or *rhus*. The author's chain of reasoning is as follows: "The excess of lactic acid which occurs in acute rheumatism results directly from increased metamorphosis of muscular tissue: this in its turn is a result of the disturbance of the vasomotor system of the locomotor apparatus of the affected joints; the cause of this is inflammation of the white fibrous textures of these joints; and the cause of this inflammation is, as already explained, the action of the rheumatic poison." And the nature of this poison the author proceeds to show in the chapter on "The Miasmatic Theory of Rheumatism." Taking up the law that the poisons entering the system from without are of two kinds, the *contagia* and the *miasmata*, he points out the

want of resemblance between the rheumatic poison and the general features of the *contagia*, namely, their power of reproduction, and communicability from the sick to the healthy, and their fixed and definite period of duration. "The rheumatic poison, therefore, does not possess the properties of a *contagium*. There remain only the *miasmata*."

Dr. MacLagan admits that all that is known on this point is extremely vague, their existence being only known to us by their effects.

"The poison has never been separated; and examination of the soil, water, and air supposed to contain it, has given only negative results."

We have some difficulty in reconciling these statements with those on page 74.

"The researches of Lanzi and Terrigi, and the more recent ones of Professor Klebs and Signor Tommasi-Crudeli, made in the malarial district of the Agro Romano, near Rome, point to the conclusion that the malarial poison is an organism which may be obtained from the soil and may be cultivated in the bodies of animals. This organism, say the last two observers, belongs to the genus *bacillus*, and exists in the soil of malarial districts in the form of shining ovoid spores; By inoculating rabbits with liquids taken directly from malarial soil, and containing this bacillus, there was produced fever, often of an intermittent type."

After pointing out the similarity in the course of symptoms between rheumatism and the malarial type of diseases, the author goes on to a very careful and diffuse description of the symptoms and pathology of rheumatism with the complications of endocarditis, pericarditis, and myocarditis. This portion of the book bears witness to long and careful study of disease, and is stamped as the work of a master hand in pathology. We next come to a retrospect of the various treatments for rheumatism even as far back as Sydenham, in 1666, and, written as it is by an allopath, with all the angularities toned down, we can only say that it is a pitiful history of barbarous leechdom. Sydenham at first advocated profuse bleedings, but ten years later seems to have seen the error of his ways, and advised instead light and nutritious diet, and that the patient should be kept cool, showing that the gospel of expectancy as preached by its apostle, Dr. Andrew Clark, is none of the newest, and if age be any criterion of worth, should be even more successful than it is.

Purgatives, Diaphoretics, opium, cinchona, quinine, colchicum, and nitrate of potass have all had their admirers, and in their day have been lauded to the skies, only to be deposed when some other drug was brought into notice.

Guaiacum, too, has long enjoyed favour as a remedy for

rheumatism, "Any good effects which it produces are probably due to its stimulant action on the skin." So much for ignorance of drug proving. Listen to what Phillips says (and strangely enough, possibly a coincidence, Hahnemann also) of large doses.

"Stiffness of a rheumatic character is felt in the nape of the neck and small of the back, with pains in the bones of the legs darting pains, apparently of a rheumatic neuralgic character, extend also from the feet to the knees." To this, then, and not to its action on the skin, is any good result probably attributable.

We now come to the first attempt at rationality in the course of two centuries of medical practice, and after wading through pools of blood, and violent antiphlogistic treatment, it is really refreshing to find something approaching to scientific therapeutics; we would commend a careful perusal of the literature of rheumatic fever to those venerable medical practitioners who cling tenaciously to the antiquated allopathy of their great grandfathers, pleading for its efficacy on account of its age.

How delicious it is to read of sage physicians carefully treating rheumatic fever with mint water in default of a better remedy, and carefully recording their results in the medical press. Dr. MacLagan significantly adds that "this treatment has as satisfactory results as more active measures."

Dr. MacLagan's views of the history of the therapeutics of rheumatism deserve quotation, coming as they do from an eminent allopath, and covering as they do with ignominy and contempt the treatment which has been till lately the sheet anchor of that portion of the profession who delight to term themselves scientific practitioners. "Antiphlogistic treatment was practised, not because of the proved excellence of its results—for two hundred years ago, these were regarded as unsatisfactory by Sydenham, and have frequently since then been called in question by others—but because such treatment was the legitimate outcome of the views held regarding the nature and mode of production of rheumatism. The expectant treatment was the practical expression of the opinion which had gradually been gaining ground, that the results of the alkaline treatment were not satisfactory. It succeeded the failure of the alkaline treatment in the nineteenth century, just as in the hands of Sydenham, it succeeded the failure of the antiphlogistic in the seventeenth," and will, with all due deference to *salicin* and its admirers, again in the nineteenth century, succeed to this latest fashion in medicine.

Having now disposed of the lactic acid theory of causation, and the chemico-therapeutic method of treatment, Dr. MacLagan proceeds to the unfolding of the remedy which he has proposed for the cure of rheumatism, on the ground that it is of miasmatic origin. The author maintains that *salicin* cures rheumatism in

the same manner that *cinchona* cures ague. And with regard to this same therapeutic action of *cinchona*, we are treated to some curious remarks. "That the *cinchona* alkaloids arrest the course of intermittent fever, is an established fact. . . . How they do so has never been explained. The *cinchona* compounds are possessed of no physiological action by which their power to arrest the course of intermittent fever may be explained." Ever seeking for a physiological explanation, the modern therapist ignores the wonderful chain of thought which flashed through the brain of one, Samuel Hahnemann, with regard to this very drug, *cinchona*.

Dr. Maclagan gives a long series of cases bearing out his proposition that *salicyl* compounds cure rheumatic fever; but do they really do so as a general practical rule? Let us look at the subject now from another and still allopathic standpoint.

Dr. Greenhow, in May, 1880, read a paper on the treatment of rheumatic fever before the Clinical Society. His remarks induce us to think that *salicin* and *salicylate of soda* might justly be added to Dr. Maclagan's long list of therapeutic failures. The conclusion he comes to from a series of sixty cases, is that these drugs "cannot be regarded as, in any respect, specifics in the treatment of rheumatic fever. The temperature is brought down and the pains relieved pretty quickly, at first, at least, but neither of these results is uniform. In some cases the temperature went up in spite of the medicines, and the pains were not relieved, while one or several relapses were unusually frequent. Complications of pericarditis and pleurisy occurred during the use of the drugs, and more frequently than the average under other treatment. Deafness, vertigo, headache, vomiting and diarrhoea were often produced. The heart's action was rendered so weak in many cases, as to require the administration of stimulants. Convalescence was unusually long, the average stay in hospital being 55 to 57 days, while even then the patients were sent out in a state in which they were unfit for work.

As homœopaths we have no opportunity of judging of the results of *salicin* in actual practice, but Dr. Greenhow does not stand in an isolated position. The one or two cases which we have seen treated by this method, fully bear out his statement. *Salicin* has nearly shot its bolt, and we shall soon have an interregnum until the next discovery is heralded into the medical world. With medicine as with courts, it is "*Le Roi est mort, vive le Roi.*" For *Roi* read "*the specific.*"

The last two chapters of Dr. Maclagan's book are of great interest, launching the reader into a subject of which but little is known, but of which we would like to know more. "The Relation between Rheumatism and Chorea" is at present shrouded in some mystery, and offers a wide field for inquiry.

The ablest theory is that of Kirkes, Hughlings Jackson and Broadbent, attributing choreic symptoms to embolic plugging of the minute vessels of the motor ganglia. It is however but a theory, and not much satisfactory evidence has been advanced in its favour. The volume closes with an interesting chapter on Hyperpyrexia.

In conclusion, we may remark that however we may differ from the writer on therapeutic grounds we have derived much satisfaction from perusal of this work, and can commend it as being, from Dr. MacLagan's *locus standi* at any rate, a most acceptable addition to the literature of rheumatic fever.

NOTABILIA.

LONDON SCHOOL OF HOMŒOPATHY.

At the special meeting of the Subscribers and Donors to this Institution, held in the Lecture-room, Great Ormond Street, on Thursday, the 15th December, Major WM. VAUGHAN MORGAN in the chair (in the unavoidable absence of the President, LORD EBURY).

We are unable, in the present number, to insert the full report, which, however, we hope to be able to print in our next issue.

The chief business of the meeting was to receive the report of the Sub-Committee which was appointed to revise the Rules and Laws, and to determine several points connected with the simplification of the Executive of the School, and to decide the future courses of instruction, &c.

The first point which came before the meeting was the resolution that the London School of Homœopathy should be continued: this was carried unanimously.

The new Rules and Laws, as revised by the Committee, were then considered, and, with some slight modifications, adopted.

The most important business was a new Rule proposed by Dr. Hughes:—

“That any student who has diligently attended the lectures during one winter and one summer session of the School, and who has passed satisfactorily an examination in the Principles, Materia Medica, and Practice of Homœopathy, and who has passed a Clinical examination in the Wards of the Hospital, shall be awarded the diploma of ‘Licentiate in Homœopathy,’ and shall be entitled to add ‘L.H.’ to such titles qualifying him to practice as he may possess or hereafter obtain.”

This resolution was seconded, and passed unanimously, on the understanding that it only applied to such students as were

already possessed of a qualification to practise medicine, either in Great Britain or in the country to which they belong.

The names of the following gentlemen were proposed and unanimously appointed the examiners :—

Dr. William Bayes, of 88, Lansdowne Place, Brighton.

Dr. J. Galley Blackley, of 2, Gordon Street, London.

Dr. D. Dyce Brown, of 29, Seymour Street, Portman Square, London.

Dr. J. Compton Burnett, of 5, Holles Street, Cavendish Square, London.

Dr. Richard Hughes, of 86, Sillwood Road, Brighton.

Dr. A. C. Pope, of 21, Henrietta Street, Cavendish Square, London.

The following addition was then passed :—

“For the diploma, so obtained, a fee shall be paid; the amount of such fee to be determined hereafter by the Committee and Council from time to time.

Dr. Bayes then proposed that :—

“Physicians and Surgeons who are of good repute, and who have practised homœopathy for five consecutive years preceding the 25th of December, 1881, may be elected, without examination, to the title of L.H., provided they apply to the Medical Council of the London School of Homœopathy before the end of December, 1883, and are elected by the vote of the majority of the members of the Medical Council.”

The following resolutions relating to the general business of the School were also passed.

1. That a sum not exceeding £200 shall remain in the bank as a current balance for the present; that after paying all debts, if a balance of over £200 shall remain on the 31st of December, it shall be invested in the names of the Trustees.”

We understand that the moneys at present invested, and standing in the names of the Trustees, amount to about or above £1,800. It is not intended to draw upon this fund, but should any emergency arise it will be within the power of the executive of the School to apply any portion of it that may be required, provided the governors and subscribers give their consent at a special general or annual meeting.

It was further resolved :—

2. “That the present Subscribers to the School be requested to continue to subscribe, and that their attention be directed to the necessity which exists for their efforts to obtain increased subscriptions from those interested in sustaining and developing the educational effort which has been inaugurated by the London School of Homœopathy; this effort comprises two great divisions of medical scholastic procedure, both of equal importance.

The first is the increase of the efficiency of the Hospital as a clinical school; for this purpose, a great effort should be made towards endowing the Hospital with, at least, £70,000 more than it at present possesses. The second is the further enlargement of the London School of Homœopathy, until it shall become a complete medical school, with the full complement of lecturers and of all the necessary adjuncts, such as a complete library, museum, and all that appertains to the construction of a first-class medical school; to do this efficiently it is computed that not less than £30,000 will be required."

Lastly, the following was proposed and carried:—

"That it is recommended that every medical practitioner of homœopathy within Great Britain and Ireland, be once more urged to exert a great effort, to establish in the metropolis a central Homœopathic School as above indicated, and to bring before his patients and friends the claims of the central Institutions above-named. We cannot but believe that if this were done earnestly the aims which we have in view would be speedily reached."

W. B.

A PRIZE ESSAY ON THE CAUSES AND PREVENTION OF BLINDNESS.

Our energetic colleague, Dr. Roth, has been for a long while engaged in making enquiries throughout Europe as to the causes which have led to 800,000 persons being hopelessly blind. The results of his investigations have proved to him that two-thirds of these cases need not have occurred had proper hygienic precautions been taken. He now proposes to stimulate enquiry by the offer of a prize of 2,000 francs for an essay on the "Study of the Causes of Blindness." The better to carry out his purpose he has laid his project before various European Societies, soliciting their advice in drawing up a basis for the guidance of the competitors. Among other societies consulted has been the Société Française d'Hygiène. This association appointed a committee to consider the questions to be enquired into. After two meetings the following programme was agreed upon to be submitted to Dr. Roth:—

Programme of the Société Française d'Hygiène.

PART I.

Study of the Causes of Blindness.

A.—Hereditary causes, consanguineous marriages, syphilis, and other constitutional diseases.

B.—Diseases in infancy and childhood, the various inflammations of the eye.

C.—Influences of eruptive fevers.

D.—Period of life from the 8th to the 18th year. The school, college, the workshop, wounds and accidents, sympathetic ophthalmia, &c.

E.—Adult and old age.

F.—Neglected, bad, and unsuitable treatment of eye diseases by quacks and ignorant or inexperienced medical men. Progressive myopia, diathetic, professional, climatic and other influences, as for instance of various injurious trades, and of poisoning, &c.

PART II.

An outline of the most practical means for preventing blindness with reference to the various groups of causes mentioned in Part I.—*a*, legislative, *b*, educational, *c*, hygienic, *d*, medical means.

LONDON HOMŒOPATHIC HOSPITAL.

An opportunity presents itself for doing a really charitable and kind action on the part of those of our readers who possess votes for the Royal Hospital for Incurables, Putney. Miss Tarr, for many years housekeeper of the hospital, a position which, we understand, she filled with great zeal and efficiency, and to the entire satisfaction of the hospital authorities, has become almost entirely incapacitated owing to contraction of the tendons of the ankle joints, with ulceration.

The helpless state she has arrived at is, to a great extent, traceable to the severe work which a proper performance of the duties of housekeeper at the hospital entails, owing to the great number of steps from the basement to the upper story, and which must be surmounted frequently in the course of every day in carrying out a close supervision over the servants of the establishment. We are pleased to draw attention to this deserving case, and recommend it to our homœopathic brethren. Miss Tarr is seeking to obtain one of the out-pensions of £20 a year, granted in such cases.

PROGRESS OF HOMŒOPATHY.

“You are all aware that homœopathy has been a very great puzzle to a large class of deeply interested persons for about a hundred years. Its funeral has been cheerfully anticipated daily during all that period; but notwithstanding the amount of ‘regular’ surgery to which it has been subjected, there are still no positive signs of its early demise. Poets have sung its requiem. Prophets have foretold its destruction. Savants have criticised its philosophy adversely. And medical scientists have

pronounced it a delusion. At first, as a matter of course, homœopathy was purely a doctrine. Wait, said its opponents, until it is brought to the test of practice. That will end it. But that was the thing which precisely did *not* end it. It grew stronger. Introduced into families it soon made for itself there a domestic stronghold. Wait longer, said its opponents. It may flourish in private and grow fat upon domestic ignorance, but let it be brought to the public test in hospital and other public service; then it will assuredly collapse. But now for many years homœopathy has been increasingly represented in armies, and public hospitals, and everywhere its history has been the same. Not one word drawn from its practical results in these departments has ever been uttered against it. Furthermore, the death records of great cities are open to the inspection of all men. If homœopathy were a failure in practice, those records would show it, and we and our patients alike would desert it in terror. Now, if the theory of any system of therapeutics were to be proved absurd in a hundred different ways, it would not avail, so long as the practical results all point the other way. Neither will any amount of demonstration of the scientific superiority of a medical system avail anything, so long as practical results fail to attest such superiority. Of course, this proves nothing for or against the theory of our school. It simply declares its practical success."—*Dr. Foster, Chicago.*

THE IMPORTANCE OF THERAPEUTICS.

"THE International Convention (old-school), which followed our own in London, was notable for the poverty of papers and discussions upon the subject of therapeutics; indeed, in this particular it may be said to have been almost a blank. Pathology and kindred sciences were splendidly represented, but on the subject of therapeutics these learned men from all parts of the globe were silent. One would imagine that the medical treatment of disease was no part of a physician's duty. This was in marked contrast with our own. General medical science was for the time waived aside, and attention strictly devoted to the subject of internal therapeutics. I refer to this to illustrate marked characteristics of the two schools. The unsatisfactory results obtained from drugs as administered by the ordinary practice has had the effect of creating widespread scepticism in their ranks as to the value of medication at all (giving rise to the common remark that 'such a doctor gives little or no medicine,') the profession devoting themselves to the study of pathology, surgery, hygiene, and other practical branches, and pursuing what is called the 'expectant method.' On the other hand, the practitioners of homœopathy, with the clear light of a guiding

principle of drug action to direct them, have become more and more convinced of the efficacy of drugs in the cure of disease, and since the days of Hahnemann have devoted themselves to the reconstruction of the *Materia Medica* upon a physiological basis, in order to make every known medicine available for the cure of disease."—*Dr. McClelland, of Pittsburgh.*

SMALL POX IN CHICAGO.

THE *New York Medical Record* says that of 1,859 cases of small-pox in Chicago since January 1st, 40 per cent. have proved fatal. Most of the cases have occurred in those districts where the more degraded portion of the foreign element lives, and where attempts at vaccination have at times been met by open violence. In that part of the city there are 40,000 persons who have not been vaccinated, and of the 108 deaths in September, 81 occurred amongst these.

OUR REVIEW.

Drs. POPE and DYCE BROWN have much pleasure in stating that Dr. ARTHUR KENNEDY, of Blackheath, has, at their request, joined them in the editorial management of this journal.

Dr. Kennedy's intimate knowledge of the practice and literature of his profession, his thorough conviction and open avowal of the truth of homœopathy, as well as his proved literary ability, assure them that his accession to the staff of the *Review* will be to the advantage, both of homœopathy and of the periodical which has endeavoured to represent its interests during the last twenty-five years.

BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this Society will be held on Thursday next, the 5th instant, at 7 o'clock, when a paper will be read by Dr. Meyhoffer, of Nice, on *An Unusual Case of Acute Pulmonary Disease, with Remarks.*

Dr. Roth has kindly invited the Members of the Society to witness a demonstration of the Movement-Cure, and a meeting for the purpose will be held at his house, 48, Wimpole Street, on Thursday, January 19th, at 7.30 p.m. Dr. Roth will be glad to have a card of intimation beforehand from such Members as purpose to be present.

CORRESPONDENCE.

THE MANAGEMENT OF THE LONDON HOMŒOPATHIC
HOSPITAL.*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—I have always endeavoured to stimulate the medical profession into taking a more active interest in the welfare of our hospital. The members of the medical profession, and they only, are able to influence effectually the homœopathic section of the public, and it must be principally through their exertions that we can look forward to seeing the 72 beds which the hospital now accommodates occupied by patients. The notice of a recent meeting of some of the medical subscribers to the hospital, which reached me through the courtesy of our much esteemed senior medical officers, induces me to ask you to find space for this letter in your next issue. It is written with the simple view of affording all the information in my power, for it appears that the position and *modus operandi* of those who are responsible for the working of the hospital are not sufficiently well-known to the profession generally.

In order that good may result from any discussions *re* the hospital it is absolutely necessary that our friends should not be led astray on a false issue; but that they should know the exact facts which have to be dealt with.

It is a collateral advantage accruing to the hospitals from the existence of the "Saturday" and "Sunday" Funds that they impose the necessity of a close supervision of the expenditure of the institutions to which they make awards. Extravagantly conducted hospitals do not reap the full benefit of these funds, and the returns published furnish an excellent basis for a general comparison of the working of similar institutions. How, then, does the working expenditure of our hospital compare with that of its contemporaries? The following table, which speaks for itself, and the figures in which are those furnished in the 1880 Report of the Hospital Saturday Fund, answers the question in a favourable way: while under the heading "Observations" will be found my own calculation, based upon the *average* annual ordinary expenditure, and the *average* annual cost of management, with the proportion the latter bears to the former.† Even

OBSERVATIONS.

† Average annual ordinary expenditure—calculated on the last six years, 1875 to 1880-81 inclusive (including salaries and costs of management) £3,692

Average annual cost of management—

A.—Salaries £444

B.—Advertising, printing, postage, petty expenses, and stationery 181

— *625

* Equal to 17 per cent. of the total expenditure.

NOTE.—Under the heading A are included salaries of the official

the percentage thus shown will be considerably reduced during the current year, as will be seen by another paragraph of this letter :—

TABULAR STATEMENT—I.

COMPARATIVE TABLE OF THE COST OF MANAGEMENT OF SEVERAL HOSPITALS WITH AN APPROXIMATELY CORRESPONDING NUMBER OF IN-PATIENTS. (TAKEN FROM THE HOSPITAL SATURDAY FUND RETURN FOR 1880.)

NAME.	ADDRESS.	No. of In-Patients.	Cost of Management.			No. of Out-Patients
			£	s.	d.	
Cancer	Brompton	306	1,413	14	4	721
Great Northern	Caledonian Road...	350	508	15	7	8,152
Hospital for Women...	Soho Square	440	878	13	9	3,565
London Homœopathic	Great Ormond St. .	494	468	18	11	6,903
Metropolitan Free.....	Commercial St., E.	279	851	13	5	43,122
Poplar.....	East India Dock Rd.	453	407	8	11	4,564
Royal, for Diseases of the Chest	City Road, E.C. ...	249	574	18	5	6,372
Samaritan, Free		446	1,145	11	0	5,197
West London.....	Hammersmith Rd..	569	653	13	3	21,532

Committees have been from time to time appointed—one in 1878, to consider the dietary and other expenses of the hospital. A chief result of the labours of this committee was a considerable reduction in the cost of “Ward washing,” which had attained a very high figure. Economies effected under the head of “Provisions,” “Coals and wood,” and “Gas,” caused a total reduction in the expenditure of the year 1878, as compared with 1877, of £361; although 21 more in-patients were treated in 1878 than in the previous year.

Another committee, in the month of February last, went fully into the question of the expenditure generally, and some reduction has been effected in the staff of servants, and by the employment of a boy in the dispensary at lower wages than the youth previously engaged.

For making a comparison of the present cost of maintaining the London Homœopathic Hospital—including in that term the cost of management—with that of the previous years, it must be noted that, although the cost of several important items under the heading “Expenditure” has been reduced by entering into favourable contracts and dealing at the Civil Service Stores, the increase in the number of nurses for the more efficient working of the hospital wards, and the supply to the nurses of uniforms (the total cost of which for the whole staff, since the measure was first sanctioned in October, 1877, has been £126 15s. 11d.) together with an unavoidable enlargement of the domestic staff

manager and secretary, and poundage to the collector. And under B are included expenses for each item chargeable to the medical staff and nursing institute.

(chiefly in consequence of additions to the hospital buildings) have prevented a greater reduction being made in the gross expenditure.

Besides, it is notorious that the general cost of living, of servants, taxes, &c., has materially increased within the last ten years or so, and consequently it is fallacious to suppose that an increase of, say, one-third to the annual income of the hospital enables the Board of Management to maintain a correspondingly increased number of patients. The nurses now employed in the wards of the hospital also cost more in maintenance, and the expenditure on account of the Internal Staff of the hospital is much higher than formerly.

On the other hand, the income, which remained almost stationary for some years prior to 1875, has been steadily increased by efforts made to that end; but the benefit of such increase has not hitherto been fully felt on account of the arrears due upon the accounts of former years, which have had to be gradually extinguished, and the large and, until now, increasing expenditure under the heading of "Repairs," which, from the nature and character of the buildings forming the hospital, and the fact that repairs of all kinds had been, as much as possible, deferred from year to year until they could no longer be avoided, has formed a large item in the yearly balance sheet, wholly independent, it must be borne in mind, of the special expenses incurred for drainage and other works paid for out of the "Reserve Fund."

In considering the cost of *management*, it is, of course, necessary to distinguish between *gross expenditure* and that incurred for *management*.

The expenditure incurred for *maintenance* is comprised under the following headings:—Repairs, rates, taxes, provisions, cleaning, washing, fuel and light, dispensary, surgical appliances, salaries of chaplain, resident medical officer, lady superintendent of nursing, dispenser, housekeeper, wages of nurses and of servants and porters. And that of *management* is composed of salaries of the official manager and the secretary, poundage on collections to the collector, and advertising, printing, postage, petty expenses, and stationery.

The *ordinary income* of the hospital consists of dividends on stocks; donations; subscriptions; Dr. Quin's annuity (since 1879 inclusive); registration fees; Hospital Sunday and Saturday Funds; rents; and nursing fund.

The *ordinary expenditure* is included under two headings: (A) *maintenance*, and (B) *management*. The following tabular statement (II.) shows, in detail, the amount expended under each heading since 1875, inclusive; that is, for the last six years, for which, as usual, the official annual reports have been published with balance sheets audited by public accountants:—

TABULAR STATEMENT II.

PATIENTS.				1875	1876	1877	1878	1879-80	1880-81
Total Number of Patients in Year				395	461	531	552	494	484
Daily Average for the Year ...				a	50	45	45	39	39
Number of Days each Patient was Resident				a	39	37	35	27	27
NURSING STAFF.									
Average Number of Nurses on the Staff during the Year (including the Lady Superintendent of Nursing) ...				b	b	b	18	22	18
Average Number employed constantly in Out-Nursing...				b	b	b	7	10	7
Average Number otherwise maintained				b	b	b	11	12	11
DOMESTIC STAFF.									
Average Number of Servants, Porters, &c. (including the Housekeeper)				8	9	10	10	12	12
EXPENDITURE—									
PROVISIONS.				£	£	£	£	£	£
Meat				616	662	727	606	552	545
Bread				103	103	134	116	126	115
Butter, Eggs, and Cheese ...				111	119	152	137	155	149
Milk				209	238	314	257	189	204
Grocery... ..				104	112	125	120	137	111
Fish				50	56	74	63	59	56
Greengrocery				64	68	77	64	61	45
Beer				54	41	52	31	35	38
Wines, Spirits, &c.				39	52	53	24	34	35
Housekeeper's Sundries ...				23	25	26	15	14	19
Cleaning				8	20	13	11	12	18
Washing { House				56	66	69	77	79	75
{ Ward				61	74	148	125	98	96
£				1,498	1,636	1,964	1,646	1,551	1,506

OBSERVATIONS.

a For the year 1875 no statistics or records are in existence, from which the required information can with certainty be given.

b In 1876 and 1877 the Lady Superintendent of Nursing did not furnish a weekly return of nurses (as is now done), and consequently there are no figures or documents available for calculating the required averages.

	1875	1876	1877	1878	1879-80	1880-1
Brought forward	£ 1,498	£ 1,636	£ 1,964	£ 1,646	£ 1,551	£ 1,506
FUEL AND LIGHT.						
Coals and Wood ...	134	167	154	115	170	129
Gas ...	91	108	119	114	183	111
	£225	275	273	229	353	240
MEDICAL.						
Dispensary ...	58	53	58	60	69	81
Surgical Appliances ...	...	54	22	60	20	32
	£58	107	80	120	89	113
OFFICIAL.						
Printing and Stationery ...	57	82	99	57	111 ^c	148 ^c
Advertising ...	23	54	48	19	34	44
Postage and Petty Expenses...	27	40	64	48	60	75
	£107	176	211	124	205	267
HOUSE.						
Furniture ...	181	69	137	247	289	203
Repairs ...	170	79	203	221	191	143
Rates, Taxes, and Insurance	86	87	79	105	78	122
	£437	235	419	573	558	468
SALARIES AND WAGES.						
Medical Salaries—						
Resident Medical Officer ^d	100	96	106	99	118	116
Lady Dispenser ...	50	50	61	70	71	75
Dispensary Boy ...	14	10	16	17	19	25 ^e
	£164	156	183	186	208	216
Nursing Salaries—						
Lady Superintendent of Nursing ...	50	66	75	75	75	75
Nurses ...	171	157	251	306	377	360
	£221	223	326	381	452	435
Domestic Salaries—						
Housekeeper ...	36	35	39	42	42	39 ^f
Servants ...	64	77	97	104	117	121
Porters ...	62	62	62	62	69	69 ^g
	£162	174	198	208	228	229
Chaplain ...	25	25	25	25	25	25 ^h
Gross Totals ...	£ 2,897	3,007	3,679	3,492	3,669	3,499

OBSERVATIONS.

^c The increase in these two years is due to :—

1. Sums overdue from the year 1878.

2. A new set of account books, and reprint of other books.

3. Fuller annual reports, and greater publicity given to the Institution.

^d The cost of the Assistant Resident Medical Officer is distributed over the provisions.

^e Reduced in the year 1881-2.

^f The present salary of the Housekeeper is £35.

^g The wages of the Porters at the present time are at the rate of £40 a year.

^h A Special Fund is annually raised towards meeting the salary of the Chaplain.

OFFICIAL STAFF.				1875	1876	1877	1878	1879-80	1880-1
Official Manager	...	...	...	£200	200	*155	820	227	275
Secretary	...	...	...	100	182	159	150	150	150
Collector	...	...	...	84	75	85	88	85	88 i
				£334	407	399	553	462	508
Gross Income from all sources £				2,699	2,727	3,441	4,749	4,681	4,380
INCOME IN DETAIL—									
Donations	...	...	...	487	498	517	304	383	495
Subscriptions	...	...	...	1,019	1,218	1,574	1,661	1,703	1,482 k
Registration Fees	...	...	...	307	287	264	286	310	272
Nursing Fund	...	...	...	180	190	202	899	612	625 l
Darning Beds	...	...	...	...	...	...	...	...	420
Total...	£			1,993	2,188	2,557	2,650	3,008	3,294
Bazaar	...	...	...	91	...	...	...	...	...
Special Purposes Fund	...	...	...	...	...	265	1,377	...	...
Fine Art Distribution...	...	...	...	...	...	...	102	577 m	...
Dramatic Performances	..	...	...	...	...	...	...	88	110
Total...	£			2,084	2,188	2,822	4,129	3,673	3,404
Dividends	...	...	...	272	289	290	223	243	222
Rents	...	...	...	...	...	25	130	130	130
Dr. Quin Annuity Fund	...	...	...	...	...	...	...	240	250
Hospital Sunday Fund	...	...	...	247	250	216	210	216	245
Hospital Saturday Fund	...	...	...	96 n	...	88 n	57	58	47
Paying Patients	...	...	...	...	..	...	...	76	82
Gross Totals £				2,699	2,727	3,441	4,749	4,681	4,380

The Legacies received in these years were :—

1877	...	...	...	£700
1879-80	...	...	...	200
1880-81	...	...	...	50
				£950

OBSERVATIONS.

* Year of Mr. Trueman's retirement.

i Appearing in balance-sheet £74 8 10
Balance due from previous year 9 12 5

Actual Amount £83 16 3

k In 1880-81 the subscription of the London School of Homoeopathy, £367 10s., was not paid.

l Gross total of Nursing Fund Receipts, without deducting Nurses' wages.
m Including £443, which appeared in the separate balance-sheet published for the first three months of 1879.

n Two years' Awards paid in one sum.

The following tabular statement shows the "ordinary" income and "ordinary" expenditure during the same six years. It will be observed that, for the first four years, there was a *deficit*; for the last two years a *surplus* :—

TABULAR STATEMENT—III.

YEAR.	1875	1876	1877	1878	1879-80	1880-1
	£	£	£	£	£	£
Ordinary Income	2,602	2,729	3,180	3,272	3,971	3,757*
Ordinary Expenditure ...	3,108	3,394	4,029	3,843	3,897	3,367†
Deficit	506	665	849	571	—	—
Surplus					£74	£390

The income from special efforts during the past four years has amounted, in the aggregate, to £2,520, and it has been applied towards extinguishing the deficits just mentioned and other expenses.

The expenditure for the current year will, it is estimated, show further reductions, and in future years under the heading of "*Management*," a saving of about £100 will be effected, owing to the Official Manager having, at the commencement of the present financial year, spontaneously and for the good of the hospital, waived his claim to future commission upon new income traceable to his exertions. This commission was accorded to him at the date of his appointment.

The cost of management will then be at the rate of £50 a year more than in 1875, and previous years, owing to the pay of the Secretary being higher than that of the clerk then employed; but such increase of pay is fully justified both by the very great amount of additional work performed now, and the fact that the present Secretary has largely and successfully exerted himself to increase the income of the hospital by means of donations and subscriptions. When he was first appointed his salary was fixed at the old rate (£100 a year), with a commission of 10 per cent. upon new income traceable to his exertions, and within the first half-year after his appointment he received commission upon

* In this amount is included only the *profit* derived from the Nursing Fund. If the whole receipts are included—as in the case of the former five years—the total *ordinary* income becomes £4,192.

† The salary of the Lady Superintendent of Nursing, and the wages of the nurses, amounting, in all, to £435, are not included. If that sum be added to £3,367, the total *ordinary* expenditure becomes £3,802.

£65, chiefly new subscriptions. In the next eight months, until the appointment of the present Official Manager, he received commission upon £486 odd. It was then thought better to increase the fixed salary of the Secretary from £100 to £150 a year, and to cease to pay any commission, and this has been found to work very satisfactorily, while the Secretary has still continued to exert himself to obtain additional support for the hospital. It should also be stated that, within the first year after his appointment, Mr. Cross recovered annual subscriptions in arrear to the amount of £56 2s., which would otherwise have been lost to the hospital.

It is true that there is an increase due to the higher amount paid to the collector ; but that is entirely owing to the fact that his remuneration is dependent upon the amount collected.

Permit me, in conclusion, to point out that the medical profession can best assist in the progress and efficiency of the hospital, first, by inducing their patients and friends to subscribe to the funds ; secondly, by helping to fill the beds with interesting cases ; and, finally, by proposing new members of the Board of Management. The Board is always ready to welcome a new and useful member, and if medical governors could recommend any of their body for appointment to the Board, I am perfectly sure that the present members of the Board would be sensible of the value of such additions. What is there, for example, that should prevent the utilisation on the Board of the experience of such well-known members of the medical profession as Dr. Black and Dr. Dunn, who are no longer in active practice ?

I am, Gentlemen,

Yours truly,

WM. VAUGHAN MORGAN,

Treasurer of the London Homœopathic Hospital.

Great Ormond Street, W.C.,

December 12th, 1881.

To the Editors of the Monthly Homœopathic Review.

GENTLEMEN,—Dr. Berridge has kindly directed my attention to page 736 of your last number of the *Review*. The symptom “singing noises” is the one which first directed my notice to *sanguinaria*, and this symptom occurred in my case-book, together with the symptom “voice seems to come from a distance ;” the former being the one noted in the *Cypher Repertory*. The two symptoms should have been written in full, and conjoined and placed before the reference to the *Repertory* in the case reported.

18, St. James’ Road,

Liverpool.

December 6th, 1881.

I am, yours, &c.,

S. H. BLAKE.

NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Dr. MOORE (of Liverpool), Treasurer of the Wright fund—writes to say that he feels greatly obliged to those friends who have responded so promptly to "the Circular." He is still very far short of the sum required, and hopes the arrival of the New Year will excite benevolent emotions in the hearts of many others towards the widow and the fatherless.

Communications, &c., have been received from Dr. ROTH; Major VAUGHAN-MORGAN; Captain MAYCOCK; Mr. CROSS, and Mr. WYBORN (London); Dr. BAYES (Brighton); Dr. BAYNES (Canterbury); Mr. S. H. BLAKE (Liverpool); Dr. SCRIVEN (Dublin); &c.

BOOKS RECEIVED.

Insanity and its Treatment. By S. Worcester, M.D. Boericke & Tafel. New York.

Special Pathology and Diagnosis. By C. G. Raue, M.D. 2nd edition. Philadelphia: Boericke & Tafel. London: Trübner & Co.

Transactions of the American Institute of Homœopathy. 1881.

Address before the Pennsylvania State Homœopathic Society. By Dr. McClelland, of Pittsburgh.

The Homœopathic World.

The Student's Journal.

The Medical News and Collegiate Herald.

The Chemist and Druggist.

Burgoyne's Magazine of Pharmacy and Chemistry.

The New England Medical Gazette.

Vaccination Inquirer.

The Hahnemannian Monthly.

The New York Medical Times.

The Medical Advance.

The Clinique.

The Therapeutic Gazette.

The Medical Counsellor.

The Homœopathic Physician.

Boericke and Tafel's Quarterly Bulletin.

Bibliothèque Homœopathique.

Progrès Médicale.

Allgemeine Hom. Zeitung.

Hom. Rundschau.

Boletino Clinico.

La Reforma Medica.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE ROYAL COLLEGE OF PHYSICIANS ON HOMŒOPATHY.

ON the 27th of December, 1881, an "Extraordinary" meeting of the Fellows of the College of Physicians was held for the purpose of placing a sort of collegiate ban upon homœopathy. The promoter of this proposal was Dr. WILKS, of Guy's Hospital. In bringing forward his resolution, he admitted that any attempt upon the part of the College to prohibit its Fellows from meeting homœopathists in consultation would be inoperative; and urged, that "it would be ridiculous for the College to pass a strong resolution one day, and find that some of its leading Fellows disregarded it the next day. And," he added, "it might also be said, that there are some members and licentiates of the College who are homœopaths, and a penal clause could not be enforced against them. Moreover," he continued, "there would be a legal difficulty in such enforcement. It was imperative on any College like that to grant its licence to every one who passed its examination, irrespective of his opinions. The College could not hand a candidate his diploma one day, and the next take it from him; and if the College could not deal with those who hold its diploma and practise homœopathy, how could it deal with others who err less grossly?"

It being thus perfectly clear that the College could not deal with a Fellow who practises homœopathy as it could some two hundred years ago, when it committed Dr. GRÆNVELT to Newgate for prescribing *cantharides* in inflammation of bladder, just as homœopathists have done for the last eighty years, and as Dr. RINGER, in imitation of them, does to-day, it became necessary to find out some other method of proscribing members of the profession, who openly acknowledge that they practise homœopathically.

The objection to homœopathy, was not, Dr. WILKS urged, one of *doctrine*. He added that for his part he repudiated the notion that there was any medical doctrine in reference to therapeutics. "It was a device of the enemy to say that there was a doctrine." Dr. WILKS, ten years ago, announced the fact that he had no therapeutic principles. Indeed, like Mr. HOSKA BIGLOW's friend, he gloried

"In hev'in' nothin' o' the sort."

Dr. WILKS not only has no therapeutic principles himself, but he thinks it impossible that anyone should have any such principles—nay more, that the existence of such principles is impossible! This is, however, the opinion only of Dr. WILKS and a few of his friends. Another of his colleagues, Dr. MOXON, has openly sneered at the use of drugs as curative agents, describing them as merely "stepping stones to faith in the weary time." Dr. ANDREW CLARK, who also took part in the discussion at the College, has recorded in his address at the British Medical Association, 1879, his most emphatic contempt for medicines as aids to recovery in illness. Dr. MATTHEWS DUNCAN has poured ridicule upon their prescription. Whence comes all this scepticism? We believe that it is entirely due to the want of recognition of the fact, unblushingly repudiated by Dr. WILKS, that there is a

medical doctrine in therapeutics. That there is such a doctrine, the experience of many thousands of physicians practising in different parts of the world during the last eighty years, testifies. Dr. WILKS refuses to examine the evidence on which it is based. He wilfully closes his eyes against it. Therefore, for him, it has no existence.

Having then, to his own satisfaction, at least, protested against the idea that the dispute between homœopaths and non-homœopaths was not one of doctrine, he proceeded to state that the question at issue was one of *morals*. The immorality of the homœopathist consists, according to our censor, in openly declaring that he believes in the existence of a therapeutic doctrine, and endeavours to the best of his ability to practise in harmony with it. According to the ethical views of Dr. WILKS, it may be eminently proper for a physician to practise homœopathy, but extremely immoral for him to admit that he does so. For Dr. WILKS to proclaim to the world that he has no therapeutic principle is perfectly right, but for any other physician to assert that he does believe in one, and that he acts accordingly, is, *a fortiori*, immoral.

Sir THOMAS WATSON once described therapeutics, or treatment, as being "the supreme end of our profession." Dr. WILKS regards looking upon treatment only, as a "tradesman-like view of medicine." "What," asks Dr. WILKS, "is a quack? A quack," he said, "is one who has to do with treatment only." For what, we would ask, do the sick public consult physicians, if not for treatment? Treatment is the sole object with which a patient goes to his doctor. "Homœopathy," he added, "says that medicine is simply a question of treatment." Homœopathy says nothing of the sort. What homœopathists do say is that treatment is the sole end of medicine. It is for the purposes of treatment that the various branches of learning

which go to make up medical science are studied. . Then, bursting with indignation, he insolently describes homœopathy as "nothing more than a glorified quackery, to suit the superior intellects of lord chancellors and archbishops."

A physician who can thus describe a therapeutic method, to which he and many others are indebted for the most successful therapeutic hints they have ever obtained, can excite no other feelings than those of pity and contempt.

The next few sentences of his speech explain somewhat the cause of this ignorant exhibition of wrath. From these it appears that Dr. WILKS was about to be consulted by a gentleman suffering from heart disease and dropsy, when a homœopath was preferred before him. The patient got better. Learning afterwards that he had received *digitalis* and *iron* as medicines, Dr. WILKS said that he would have given the same medicines had he been consulted. The patient replied that he preferred the homœopath because he was guided by a principle. This was doubtless very annoying to Dr. WILKS, but that a sick man should prefer a physician who was directed by a definite therapeutic principle to one who boasted that he had none, that he was in fact a pure empiricist, is after all not very surprising.

Dr. WILKS has the insolence and audacity to rank physicians who practise homœopathically, with advertising pill-mongers! He ignores the fact that the wares of such persons correspond closely with the prescriptions which he, for want of a therapeutic principle, orders daily for those who consult him. The advertising pill-monger is much more nearly allied to the non-homœopathic physician than he is to the homœopathist. The *recipes* from which his ventures are compounded are mostly those of physicians of the WILKS type! Then, again, he fails to recognise that the essence of quackery consists in its secrecy. "Buy my

pills," says the quack, and you will be cured of whatsoever ails you." The customer asks what the pill is made of, and no answer is vouchsafed. The homœopathist has never advocated the use of a drug, but of a principle of drug selection. This, so far from keeping secret, he has announced with every form of publicity ; and this publicity it is which constitutes Dr. WILKS' ground of complaint against him !

In the version of Dr. WILKS' speech, given in the *British Medical Journal* of the 31st December, he is said to have remarked : " The homœopaths abused everybody else, and brought forward wonderful cases which no one else could cure." After the amount of abuse which has been showered upon homœopaths during the last half-century, it sounds rather strange to find one of their systematic abusers complaining that the very feeble retaliation, " You're another," has been at times employed. In this controversy, we have nothing whatever to do with individuals ; all that we contend for is principle. We oppose nothing save methods of treatment that experience and observation have convinced us are ineffective, imperfect, or injurious, and, in proportion as they are either the one or the other, do we strive to enforce our views with clearness. For persons who practise homœopathically every day of their lives, and yet never leave an opportunity of traducing homœopathy unutilised, we confess that we have no respect whatever. Nay, more, we believe that they are, to a large extent, impeding the development of scientific therapeutics. Then it is alleged that we bring forward " wonderful cases which no one else can cure." That " wonderful cases " which have refused to yield to any but homœopathically selected medicines are frequently reported in our journals is true enough ; but that they are such as " no one else can cure " is not true. Any physician could cure such cases, if he would but use the

same means. It is to induce the use of such means that they are published. They form not only the practical evidence of the truth of our method, but illustrations of how it may be put into practice. Did we withhold the knowledge of the remedies employed, did we keep silent as to how they were discovered, the charge of secrecy would be alleged against us, and we might well then be looked upon as quacks. But our offence in the eyes of Dr. WILKS is that with us everything is done openly. Homœopaths do not blow individual trumpets, or proclaim individual superiority. The superiority of their clinical results over those which Dr. WILKS and similarly practising physicians can show, is entirely due to the therapeutic method they adopt. This therapeutic method is open to all, may be known by all, studied by all, and practised by all. When it is so, the superiority of one physician to another will be a matter of individual ability, or of popularity.

The *Lancet*, when announcing the meeting we are commenting upon, wrote as follows:—"No one has a right to dictate how a man shall practise his art. That rests with himself, both in the mode and in the responsibility. But, whilst each has full liberty to act in his practice as he pleases, it is an abuse of liberty to countenance his assumption of a title in order to convey to the laity the impression that his art differs from the art of medicine as practised by his fellows; that he is possessed of special virtues of which they are ignorant; that by coming to him people will be dealt with in a more enlightened way than if they went to others." Here, again, personality is confounded with a therapeutic method. That homœopathy does differ from medicine as commonly practised is true. It is because the difference consists in the greater control over disease which it enables the physician to have, that we have adopted it. A physician

who knows that homœopathy is true, and who feels that it is a truth of very great importance, one with which all physicians should be familiar, and who recognises the fact that a large proportion of his medical brethren are ignorant of it, is bound to testify to its truth. That homœopathy does present a more enlightened way of dealing with disease is the testimony of all who have tried it, and compared the results they have obtained with those they were wont to meet with when practising after the manner taught in the schools.

We assume no special designation. Those who practise homœopathically rarely announce the fact either on door-plate or visiting card. The doing so has been at all times discountenanced by the British Homœopathic and other societies. But, on the other hand, if a physician answers affirmatively to the question, "Do you practise homœopathy?" he is at once told that he is a homœopathist, and so in point of fact he is; but this does not constitute the "assumption of a title." It merely indicates the physician's belief in a medical doctrine which is not generally accepted as yet, just as in years gone by the disciple of BROUSSAIS was called a BROUSSAISIST, and this, whether he "accepted" the "title" or not.

We have given the College no excuse whatever for asserting that we have assumed a title for trade purposes. We indignantly spurn the charge as one utterly and entirely false and incapable of justification.

Indeed, laying so much stress upon this, so-called, assumption of a distinctive title appears to us to have for its object the encouragement of that crypto-homœopathy which is so rapidly on the increase. Addressing in this resolution their members and licentiates, the Fellows seem to say,—“Practise howsoever you like, but say nothing about homœopathy. We know nothing about it, except

that we hate it, and if it gets known that you practise homœopathy we shall be injured professionally. Great is Diana of the Ephesians!" This is, in reality, the interpretation of Dr. WILKS' resolution.

Dr. WILKS objects very much to what he calls the assumption of titles, but he appears to have none to the assumption, at any rate, by himself, of impure motives on the part of those who practise homœopathy. He said that the College, by agreeing to his resolution, "would help to remove difficulties from the way of hesitating students, some of whom, more worldly minded than others, were induced to start as homœopaths from motives of trade rather than anything else." How does he know that any do so? What evidence has he to adduce in support of his base charge? None whatever.

The resolution itself is as feeble as was the effort to justify it. It runs as follows:—

"While the College has no desire* to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine, it nevertheless thinks it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession, which should govern the relations of its members to each other and to the public. The College therefore expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations."

It was seconded by Dr. BEALE.

The resolution was objected to by Dr. ALEXANDER, of Halifax, who moved the previous question, but both the

* Would not the word "power" have expressed the true position and feeling of the College more accurately than "desire"?

Lancet and *British Medical Journal* carefully and significantly abstain from reporting his remarks.

Dr. ANDREW CLARK did not regard Dr. WILKS' moral ground as the right one. "The true ground was that when two men meet in consultation holding radically different opinions as to principles of treatment, it was impossible for them to hold any true consultation. No harmony and no good result could accrue from such a consultation. It must be a false one, and anyone sharing in it was guilty of an immoral act, and if the College permitted this it was participating in an immoral act." Considering that Dr. CLARK has little or no faith in the power of drugs to cure disease, we do not see that he need have any scruples about sanctioning such as a homœopathist would select. The only question that occurs to us here is, how anyone so sceptical as to the curative virtues of drugs, as Dr. CLARK is reported to be, and, indeed, has avowed himself to be, can ever prescribe any at all!

Dr. BUCKNILL—a lunacy expert—said that his ground of refusal to meet a homœopath was that "he could not believe that a well educated medical man, fully instructed in physiology and pathology, could, if honest, be a homœopath;" and thereupon he moved an amendment to the effect that "the College, considering that no competent medical man can honestly practise the so-called homœopathic system, is of opinion that no Fellow, Member or Licentiate of the College should consult with any who adopt that system." This is rather a roundabout way of saying, as has oftentimes been said before, that all homœopaths are either knaves or fools! Of one thing we are sure, that no person competent by study and experience to pronounce an opinion on homœopathy could honestly make such an assertion. Dr. BUCKNILL is, we have no doubt, perfectly ignorant of the subject of his criticism. At any

rate, this is the only excuse which can be offered for his making a statement which reflects upon no one but himself. To the credit of the College, be it said, Dr. BUCKNILL was persuaded to withdraw his atrociously slanderous amendment. It is not a little singular that Dr. WILSON FOX's remarks on this amendment, as reported by the *Lancet* on the one hand and the *British Medical Journal* on the other, are directly opposite ! The *Lancet* makes him say that " He did not think any man could honestly practise homœopathy." According to the *British Medical Journal*, he said, " The College certainly could not accept Dr. BUCKNILL's amendment. What could not a man honestly believe ? "

The *British Medical Journal's* report was published on the 31st December ; that in the *Lancet* on the 7th ult. It would appear as though the speeches had undergone a certain amount of " cooking " during the interval !

Sir WILLIAM JENNER posed, as usual, as the narrow-minded bigot he is well known to be. He objected to consultations with homœopaths because they were not for the good of the patient. That, after all, is a question to be decided by the patient and the medical attendant. If they think that such a consultation would be for the good of the patient, the physician may fairly assume that it will be so, until experience has proved that it is not. Then it will be time for him to withdraw. " It had been said," Sir WILLIAM remarked, " that we should meet them for purposes of diagnosis. Am I," he added, " a mere puzzle-solver ? Am I to be paid so much for solving a puzzle ? I go to do good to the patient, to ease or prolong his life." We never heard of a pathologist of the reputation of Sir WILLIAM JENNER speak so contemptuously of the diagnostic art before. We will venture to say that Sir WILLIAM JENNER's opinion on diagnosis is much better worth paying for than is his therapeutic advice.

Dr. ANDREW CLARK asked Dr. WILKS at the close of the meeting to state in his reply what the Fellows were to do in regard to consultations with those who neither assume nor accept a distinctive title, but practise one system one day and another the next.

We are not, however, permitted to learn in what way Dr. WILKS proposed to solve this puzzle!

Sir WILLIAM GULL, we must not omit to notice, seems to have been a little ashamed of the whole affair, or, perhaps, afraid of its effect upon the public, for he said, "The question should be discussed only *intra muros*; no resolution should be published." There are, as is well known, some deeds that don't bear daylight. This, we quite agree with Sir WILLIAM, is one of them. Nevertheless, we hope that full publicity will be given to it, that the public may know on what sort of men it is that it is accustomed to rely in sickness. Men who boast that they have no therapeutic principles; men who in medical societies talk of the utter worthlessness of medicines and write prescriptions for medicine all day long; men who are utterly ignorant of the most scientific therapeutic method of the day, and denounce as dishonest those who have studied and now practise it: such are the leaders in medicine at the commencement of 1882!

It is not a little singular that Dr. WILSON FOX casually gave the very best possible reason for the use of the word homœopathy—"TO TESTIFY FOR THE TRUTH." Herein lies the sole necessity for the retention of a distinctive name for a distinctive therapeutic method.

The doctrine, to the truth of which we testify, of which we are witnesses, for the defence and propagation of which we are responsible, is one, it must be remembered, which is not merely denied by a large portion of the profession, but its very discussion is prohibited. It is not permissible

to allude to it in a medical society save in terms of contempt. No medical journal which is not devoted especially to the interests of homœopathy, will allow the appearance in its columns of any paper based upon or clinically illustrating it. While the editorial articles regarding it have, with one or two exceptions, ever been devoted to studied misrepresentations of the doctrine and vilification of its supporters. The very last article we have read—that in the *Lancet* of the 7th ult.—is a fair specimen of the lengths to which our opponents will go in deliberate misrepresentation. “Nothing,” says the *Lancet*, “now remains but the name. The infinitesimal dose has been repudiated and the doctrine of similars given up.” To suppose that any medical man capable of writing an article in a medical journal did not know that, in making such statements as these, he was publishing what was false and misleading, would be carrying charity into the region of credulity. Dr. WYLD’s letters, published in 1877, which are referred to, give no support to these assertions. And if they did, they could but refer to Dr. WYLD. For though his mode of expressing his ideas of the limitation of homœopathy was very far from amounting to repudiation, either of the infinitesimal dose or of the law of similars, still, even the extent of limitation to which he was prepared to go met with no sympathy at all from any but a very small minority—an infinitesimal minority of his homœopathic friends.

Such, then, being the position in which homœopathy stands as a therapeutic doctrine, and homœopaths as the witnesses of that doctrine, it is our duty while protesting against the unfounded, unproven, and disgraceful charge of the College of Physicians, that we are actuated by trade motives in using the words homœopathy, homœopathic, and homœopathist, when referring to the doctrine itself, to the institutions established to support or illustrate

it, and to the persons who defend and practise it—it is our bounden duty to defend and propagate this doctrine by every means in our power; to leave no stone unturned to draw the attention of the profession and of the public to it—to make homœopathy known and appreciated is as much our duty as it is to practise it. The use of the words, which are so highly objectionable to Dr. WILKS, is one means by which we may keep the doctrine constantly in sight; and it is almost the only means left to us. Excluded from the ordinary channels of communicating our views, we have created channels of our own, and the names they bear indicate their *raison d'être*. The case of our School, Hospitals, Dispensaries, and Societies is in all respects similar. Until Dr. WILKS and those, who, in medicine, regard homœopathy much in the same light as he does, are prepared to withdraw all impediments to the discussion, teaching, and practice of homœopathy, we should be the most contemptible of cowards were we to do otherwise than maintain our position without the slightest regard to the feelings of the College of Physicians or the professional interests of its Fellows.

ON THE STUDY OF THE EFFECTS AND MODE OF ACTION OF DRUGS.*

BY ALFRED C. POPE, M.D.,

President of the British Homœopathic Society; Lecturer on Materia
Medica at the London School of Homœopathy.

IN my lecture on Thursday last, I endeavoured to set before you the chief principles which guide the physician in the selection of his drug remedies. To-day I must ask you to follow me while I endeavour to examine the methods of studying the effects and the action of drugs upon the body in health.

Prior to the time of Hahnemann, the properties and uses of drugs as medicines had been guessed at rather than in-

* Delivered at the London School of Homœopathy, October 10, 1881.

vestigated—imagined rather than enquired into. True, Stahl and Von Stoerck had noted the great want of exact knowledge respecting them, and had, in no obscure or doubtful language, hinted at the track along which those must travel who desired such information. To Hahnemann, however, accurate knowledge of the effects of drugs upon the health of man was a matter of importance of the first order. Without it the method of drug selection he had drawn attention to was practically useless—was indeed impossible. Hence the earnestness and zeal with which he pursued, and endeavoured to persuade others to pursue, experiments with drugs.

“In studying the properties of a medicine,” wrote the editor of the *Lancet*, on the 21st of last May, “it is always tried upon the healthy.” If this is true, and I hope that it is so, it is to Hahnemann that medicine is indebted for the development of the method. Before his researches were made, the only observers by whom this plan had been adopted were some three or four—Haller,* Von Stoerck,† Alexander,‡ a Scotch physician, and another, who made some experiments on *opium*, were the only persons who had resorted to this plan of studying the effects of drugs with a view to using them as remedies in disease. Their experiments were few in number, and their example had no result. Neither is there anything remarkable in this, for, as Dr. Bristowe recently said, “We must admit the truth of the homœopathic view of the relations between medicines and diseases, before we can admit the special value of investigations conducted only on the healthy body.” § How, I would ask, can we know what a drug will effect in disease without a previous knowledge of the disturbances it will work in the healthy body? Manifold experiments have been made with drugs since the days of Magendie upon the bodies of cats, dogs, rabbits, and other animals; the results have not been without their value, it is true, but this has not been seen in improved methods of treating disease. It is upon man that such experiments must be performed if they are to be of any service to man. Poisoning the lower animals with divers drugs, watching their effects, and comparing them with the alterations in

* Preface to the *Swiss Pharmacopœia*.

† *Libellus de Stramonio, &c.*

‡ *Experimental Essays*.

§ *British Medical Journal*, August, 1881.

tissue observed after death, are useful in supplementing investigations made upon the human subject by showing the parts that ultimately become affected, how they lead on to death, but they are in many ways misleading when relied on solely. They are so by reason of the different degrees in which different species of animals are affected by the same substance, as well as by the various ways in which the functions of life are performed by different animals. What we require to know in order to use a drug rationally in the treatment of disease in the human subject are the effects it will produce on the human subject when in health.

To obtain this knowledge Hahnemann instituted a large number of experiments upon men and women. For the conduct of such experiments he laid down a series of rules which are fully set forth in the *Organon*. That you may possess a clear understanding of his method I will here summarise his rules.*

In the first place, he insisted on the importance of the drug being absolutely pure and genuine; that it should be taken in the simplest possible form; that, during all the time the experiment lasted, the diet should be strictly regulated, and that, not only should the observer abstain entirely during the experiments from all medicinal stimulants, such as wine, brandy, coffee or tea, but that he must have done so previously for some considerable time. He especially insisted on an absolute state of good health at the time the experiments commence. Describing the qualifications for a prover, he writes: "His body must be in what is, for him, a good state of health, and he must possess a sufficient amount of intelligence to be able to express and describe his sensations in accurate terms." Then, again, he directs that the medicine shall be tested upon both men and women, in order to reveal the alterations in health they produce upon the sexual systems.

The doses used by Hahnemann in proving or experimenting with medicines, varied at different periods of his career. One of his earliest instructions in this matter was thus worded: "In order to ascertain the effects of medicinal agents, we must give only one pretty strong dose to the

* *Organon of the Healing Art*. Fifth edition. Translated by R. E. Dudgeon, M.D. Ss. cxxi.—cxl.

temperate, healthy person who is the subject of the experiment, and it is best to give it in solution. If we wish to ascertain the remaining symptoms which were not revealed by the first trial, we may give to another person, or to the same individual, but to the latter only after the lapse of several days, when the action of the first dose is fully over, a similar or even stronger portion, and note the symptoms of irritation, thence resulting, in the same careful and sceptical manner. For medicines that are weaker we require, in addition to a considerable dose, individuals that are healthy, it is true, but of a very irritable delicate constitution.*

Such, then, are the leading features of the rules laid down by Hahnemann for the use of those who assisted him in the work of investigating the effects of drugs upon the human body. That they evince the greatest caution in observing, no one, I think, will deny. That they were carried out to the letter every one, who is at all acquainted with the exacting character of their author, will readily admit. The son of one of his provers, now a physician practising in Boston, in the United States, has assured me that his father was most precise in observing the minutest of the rules enjoined by Hahnemann. Hahnemann's character was of itself a guarantee that what he directed was carried out to the letter. He was, before all things, a man having authority, and how sternly he exercised this authority, how severely he rebuked and resented the slightest divergence from his instructions on the part of any of his disciples, the history of homœopathy, during the first half of this century, presents many instances. That he had exercised the greatest care in collecting his observations, that he had studied them in a sceptical spirit, is shown by the late Dr. Constantine Hering, of Philadelphia, who thus describes Hahnemann's way of conducting provings: "After," he says, "he had lectured to his fellow-workers on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their day-books"—that is to say, the record of the symptoms of disordered health that day by day were observed and attributed to the medicine they were taking, "when they afterwards brought him their day-books, he examined every prover carefully about every particular symptom, continually calling attention to the necessary

* *The Medicine of Experience.* Lesser Writings of Samuel Hahnemann.

accuracy in expressing the kind of feeling, the point or locality of the observation; and the mentioning of everything that influenced their feelings, the time of day, &c. When handing him their papers after they had been cross-examined, they had to affirm that it was the truth and nothing but the truth, to the best of their knowledge, by offering their hands to him—the customary pledge of the German Universities instead of an oath. This," adds Hering, "was the way in which our master built up his *Materia Medica*." *

So far, then, we have good reason for believing that Hahnemann's experiments on the effects of drugs were made with as much caution as could be desired, and as thoroughly as the opportunities of the time allowed.

Voluntary experiments are not, however, the only sources whence we may derive our knowledge of the effects of drugs. Cases of poisoning are, in many points, of equal, and in some cases, of greater value; while instances of overdosing in illness are to a certain extent, and when carefully and cautiously examined, also of use.

Hence, Hahnemann, in addition to his systematic experiments, made an extensive series of researches into the literature of medicine, and drew therefrom a number of cases of poisoning and of overdosing, which have materially aided us in our means of applying remedies. They are, in the earlier editions of the *Materia Medica Pura*, published separately from the details of experiments, under the title, *Observations of others*. These have of late years undergone both revision and addition. Dr. Hughes has examined, with much care, all the original details of these excerpts by Hahnemann, and he has both corrected, and in some instances explained the nature of the cases whence the recorded symptoms were drawn. These corrections, with numerous additional cases derived from modern medical literature, are all presented in that *magnum opus*, Allen's *Encyclopædia of Materia Medica*.

It was, be it remembered, almost exclusively from the facts given in this *Materia Medica* of Hahnemann that the adherents of his method during the first half of this century were enabled to obtain those results, which have led to the sound and wide basis upon which the reputation of homœopathy as a method of drug selection has been reared.

* *A Manual of Pharmacodynamics*. By Richard Hughes, M.D. Fourth edition, p. 28.

Dr. Bristowe regards the method pursued by Hahnemann as one especially calculated to promote self-deception. "Think," he says, "of the innumerable phenomena which a hypochondriacal old man, a youthful enthusiast in experimental research, or a credulous believer would find under such circumstances arising from inconceivable doses of the most inert substances; the itching at this point, the aching at that, the variations in the pulse, the watering of the eyes, the noises in the ears, the muscular startings, the eructations, the rumbling in the bowels, and many other matters of the same kind."*

This is not the first time we have heard of criticism of this kind. M. Trousseau, when on one occasion he was lecturing upon *arsenic*, said, "We will not here speak of the singular reveries of hypochondriac homœopaths, and the innumerable symptoms they have discovered in *arsenic*; we leave them in the ideas which they cherish and which they force themselves to believe."

To him replied another professor of Materia Medica, M. Imbert-Gourbeyre, of Clermont-Ferrand, who at the time when M. Trousseau's lecture was published was investigating homœopathy. He thought, and rightly, that as M. Trousseau had announced *arsenic* as a drug, the Hahnemannian symptomatology of which was full of "singular reveries" that he would compare the record given by Hahnemann with the observations regarding arsenical poisoning in medical literature. To this end, as he says, he "consulted all the books, monographs, essays, and theses on *arsenic*. There does not," he adds, "exist the smallest observation of arsenical poisoning in all degrees which I have not verified. I have given a place in my library to all that has been published on this subject in Europe, as well as in America; in France, as well as in Germany; in England, in Sweden, Russia, in Italy, and everywhere. Not only did I wish to read everything, but I desired to see and repeat for myself the experiments with *arsenic* in doses varying from that commonly used, up to the highest infinitesimal degree; and after this arduous work, which has lasted now nearly fifteen years, and which goes on yet, what was my astonishment when I saw that Hahnemann in describing these numerous symptoms of *arsenic*, was in agreement with all tradition, with a

* *British Medical Journal*, August 15th, 1881.

thousand observations of poisoning published by toxicologists, with a thousand physiological facts, published by the allopaths themselves; while, at the same time, I saw the same facts perpetually repeated in my personal experiments. My labours even show that the number of symptoms caused by *arsenic* is still greater than that given by Hahnemann.”*

While, then, the researches of M. Imbert-Gourbeyre furnish us with, so far, a sufficient reply to the objections of Dr. Bristowe, we may add here, that however plausible such criticism might have been fifty or sixty years ago, it is all too late now. During this time clinical observation has repeatedly and abundantly verified the general and, for all practical purposes, the sufficient accuracy of Hahnemann’s observations, and has fully justified the correctness of his method.

I alluded just now to experiments on living animals as affording us means of tracing the effects of drugs until these are seen *post mortem* in alterations of structure. At the same time such observations constitute but supplementary, confirmatory evidence; they are not at all essential—and when useful in any degree are only imperfectly so—in selecting medicinal remedies.

Take, for example, the illustration Dr. Lauder Brunton gives of the value of pharmacological research by experiments on living animals. In the fifth chapter of his work on *Pharmacology and Therapeutics*, he gives a full account of Magendie’s researches into the action of opium poison. These involved the slaughter of a large number of frogs, and the experiments were, it must be allowed, both ingenious and exhaustive. He proved the absorption of the poison, that it reached its ultimate destination through the circulation, and lastly, that it acted directly on the spinal cord; while that to its action on this structure its most marked effects were due. Dr. Brunton then quotes a passage in which Magendie suggests what Dr. Brunton terms “the therapeutical employment of the first-fruits of pharmacological research.” “Medicine would perhaps,” writes the physiologist, “derive advantages from the knowledge of a substance whose property is to act especially on the

* Lectures Publiques sur l’Homœopathie faites au Palais des Facultés de Clermont-Ferrand, par A. Imbert-Gourbeyre, Professeur de Matière Médicale à l’Ecole de Médecine de Clermont-Ferrand. Paris: Bailliére.

spinal cord, for we know that many very severe diseases have their seat in this part of the nervous system; but *upas* does not occur in commerce, and even though experience should show it to be a precious medicine, how is it to be procured?" Such being the case, Magendie proceeded to repeat his experiments with *nux vomica*, which he found to have an action almost exactly like that of *upas*. "While seeking" writes Dr. Brunton "an opportunity to apply this in practice, his intention was forestalled by M. Fouquier, who was induced, probably by the publication of Magendie's research, to use *nux vomica* in cases of paralysis. His success was great, and the results he obtained were shortly afterwards confirmed by Magendie himself, who had used the drug as he originally intended before becoming aware of Fouquier's experiments. To pharmacological research, therefore," adds Dr. Brunton, "we owe one of the most valuable remedies we possess." In the first place, Magendie's pharmacological researches were published by him in 1809—Hahnemann's in 1805. Secondly, Magendie suggested *nux vomica* in paralysis because it had a well marked action on the spinal cord, in which, as he says, many severe diseases have their seat. Fouquier's idea was that it would create an artificial tetanus, which would be advantageous to the patient; and when describing the effect of a full dose upon a paralytic, he says it produces a state having all the features of an irritable tetanus. In short he endeavoured to stimulate the paralysed muscles to unwonted action, he spurred the tired horse, but he did not cure the disease upon which the paralysis depended. It was, in point of fact, an endeavour to develop muscle by motion. The tetanic movements excited by the *strychnia* were apparently regarded in the same light as those produced by galvanism or Ling's movement cure. The action of *nux vomica* in paralysis is therefore anti-pathic, and as such is surrounded by all the dangers incident to the induction of the kind of action arising from the anti-pathic selection of a powerful drug. It is now generally admitted that any value which *nux vomica* or *strychnia* may have in paralysis is limited to cases of a chronic character, cases which are insusceptible of cure, cases which admit only of relief. This they obtain—when they do obtain it—through the undue exercise of the stimulant properties of the drug upon healthy tissue in the neighbourhood of that which is diseased—not in any sense by the remedying of diseased tissue.

But suppose it were otherwise, suppose that these experiments of Magendie had led to the discovery of a remedy in paralysis—paralysis is a condition depending upon several morbid processes, all differing one from another, all requiring different remedial measures. To which of these did Magendie's experiments point, as that in which *nux vomica* would prove curative? To neither. The conclusion that it was useful in chronic paralysis was arrived at through clinical experiment. And it was only after it had been given in cases of recent disease, and had resulted in increasing its intensity, as Trousseau and Pidoux* show, that it was reserved for chronic cases. It is, then, only in the roughest and crudest manner that Magendie's experiments can be credited with having given us a novel application of a drug.

By the observation of the effects of a drug upon healthy men and women, and by taking them as a basis of selection under the guidance of the principle of similars, Hahnemann was able to predicate the exact case of a given form of disease in which a drug would prove curative. This such experiments as Magendie's never have done and never could do.

They are undoubtedly of great interest and utility in demonstrating the locality on which a drug acts, and the precise tissues, disorder in which gives rise to the symptoms we observe, but they are far too inadequate to enable us to prescribe on homœopathic indications. They explain very many of the symptoms produced by *nux vomica*, and especially that irregular muscular action—that spasm—which is seen so frequently in the course of studying its effects upon health.

Dr. Brunton is then, I hold, in error—and Professor Fraser, at the recent International Congress, followed him here—in attributing to Magendie the credit of originating pharmacological research. Hahnemann was more than ten years before him in this work. He errs also in attaching an undue value to the work he did accomplish.

By looking to the effects of drugs upon the human body as the sources of our knowledge regarding their action we are able to put to a useful purpose the many accidents which occur from time to time in cases of poisoning and of

* *Traité de Thérapeutique, et de Matière Médicale.* Ninth edition, p. 21.

over-dosing. Previously to this method of studying drug action and of selecting drugs as remedies, such cases had simply a passing interest, teaching us what to avoid rather than what to use. Many a useful remedy, like *veratrum album*, for example, has in the course of the history of medicine dropped out of use because too dangerous to be handled. When, however, its effects have been thoroughly examined, after the manner of Hahnemann, and the homœopathic principle of drug selection is applied, they become, as *veratrum album* has become, valuable remedies.

That the method of Hahnemann—the studying of the effects of drugs upon healthy men and women, for the purpose of knowing how to prescribe them in the diseases of men and women, was a correct one, seems to me unquestionable; it is simply a common sense proceeding; one presenting the only way in which the requisite knowledge can be obtained; while, at the same time, the results which have followed the utilisation of the information thus secured have, as I showed to you in my last lecture, given ample evidence of its value.

We must however recollect that the means for enquiring into the nature and character of disturbances in health, whether such disturbances proceed from the ordinary causes of disease or from the use of drugs were, in Hahnemann's time, very limited indeed. Physical diagnosis had scarcely any existence fifty years ago. The stethoscope, even, was unknown when these enquiries of Hahnemann were made. Now, however, we have ample resources for additional investigations. Hence, in the more recent provings of drugs, chemistry, the microscope, and other measures for ascertaining objective phenomena have been brought into use. The studies which Dr. Sidney Ringer, Dr. Murrell, and others have made of *gelsemium* and some other drugs have added much to our knowledge of the effects they produce. The symptoms which should guide us in choosing our remedies are not merely subjective, but also objective; and one aim which the student of drug action should keep constantly in view is the careful investigation of the latter kind of phenomena as an especially important class of drug effects. Our aim in all such enquiries should be greater and yet greater precision, greater exactitude, greater completeness.

The example set by Hahnemann has been extensively followed, so extensively, indeed, that the number of sub-

stances which have been made the subject of experiment is now very considerable.

Of these, some were made by Professor Jörg, of Leipsic, in 1881, and very fair provings they are. "The several drugs were," says Dr. Hughes in describing Jörg's enquiries, "taken in moderate doses, repeated (and if necessary increased) until a decided impression was made. The experiments of each prover are related in full, just as they were made, and as the symptoms occurred. In the preface a description is given of the age, temperament, and constitution of those engaged in the work, and the assurance afforded that all were in good health."

Largely, too, have the resources of *Materia Medica* been added to by the researches of American physicians from whom we have received many valuable collections of experiments.

By British physicians, little has so far been accomplished. The investigation into the effects of the *bichromate of potash*, by Dr. Drysdale, is the most important of any, and this is perhaps the best proved drug in the entire *Materia Medica*.

Further contributions to our knowledge of *Materia Medica* were made in 1842 by a society of Viennese physicians. These were for the most part re-provings of drugs previously experimented with by Hahnemann. In these experiments full details are given of the alterations in health occurring in each person while taking the medicine. While confirming the results recorded by Hahnemann, they enable us to obtain a clearer insight into the action of each drug than his method of arranging the symptoms permits us to do.

This notice brings me to say a word about Hahnemann's arrangement. Hahnemann, in my opinion, and I believe in that of most physicians who practise homœopathy, committed a great error when he contented himself with publishing mere lists of symptoms, separating them from their connection one with another. For as complete a knowledge of a drug as is attainable, we require the details of each experiment, the relation of the phenomena as they occurred in each individual. The placing of all the symptoms of different provers relating to one organ under the heading of that organ, has done more than anything else, perhaps, to *repel an enquirer, to confuse a student, and to embarrass*

a practitioner. It is much to be regretted also that others should have presented the results of their experiments in the same manner. All disjointed as they are, however, these catalogues of symptoms have done admirable service; while the difficulties they present in the way of studying the general action, and getting to know the chief points of attack of each medicine, are rapidly disappearing before the publication of such works as Dr. Hughes' *Pharmacodynamics*, and monographs on different drugs which appear from time to time in our serial literature.

Again, another difficulty which presents itself to the student of the *Materia Medica* consists in the vast number of symptoms recorded as the effect of some drugs. This, however, admits of easy explanation. A little study and reflection will soon show that the number appears much greater than it really is. Thus, Hahnemann, it must be remembered, carefully noted every apparent disturbance of health in every one of his provers. He published every symptom that he could find attributed, with apparent justice, to every case of poisoning he could meet with in medical literature. Hence we are perpetually finding the same symptom repeated in slightly different words, each being numbered as though it were a different symptom, or indicative of another form of ill-health.

Further, we often hear objections raised to the trivial and apparently fanciful symptoms which are set down as the effects of certain drugs. These, too, it may be remarked, contribute somewhat to the apparently considerable number of symptoms in the several records. Nothing perhaps impresses a physician who has been accustomed to pay attention only to the grosser and more obvious indications of drug action more unfavourably than the record of such symptoms as these. Of this, the passage which I read to you from Dr. Bristowe's recent address just now is evidence. But that they are often important, that they are indeed real manifestations of morbid action, experience has proven, and that abundantly. I, for one, attach much more importance to them now than I did some years ago. I remember very well a poor, withered, nervous looking army tailor coming one evening to see me in York many years ago. He complained simply and solely that after a short sleep he was suddenly awake by a noise in one ear like the crack of a pistol. After that he could get no sleep. Beyond feeling weak and nervous from the loss of

his night's rest, I could get no indication of ill-health from him. I thought, here is a case to test the value of some of these queer looking, trivial symptoms; is there such an one as this attributed to any drug? I turned to the *Repertory*—the index of all the symptoms—and found that a precisely similar symptom had been remarked as the product of *rhus toxicodendron*. I gave the man a few pilules which had been soaked in the third decimal tincture of this drug, and after taking a couple he never had a return of the symptom, secured his night's rest, and rapidly recovered his strength. This case had, I remember, much to do with curing me of neglecting symptoms that were apparently trivial. That such symptoms are often important, that they are indeed real manifestations of morbid action, and that they have proved of value in deciding the relative claims of two otherwise similarly acting remedies, is the testimony of every physician who has surmounted those prejudices of education which run counter to taking notice of phenomena of this kind, and has been ultimately guided in his drug selection by them.

We are indebted to Hahnemann for the development, as fully as was possible in his day, of the method of learning the effects of drugs by experiments on healthy persons. His enquiries have been fruitful in good results. They are, with the additional means of research within our reach, doubtless capable of being made still more useful.

In conclusion, let me offer you a few observations on the nature of drug action.

Homœopathy, strictly speaking, has no concern with the *modus operandi* of drugs. It relates simply to a principle or method of selection in prescribing. Whatever views we may hold as to the action of drugs, when once introduced into the body, if we select as our medicines such as are similar in their effects upon the healthy body to those of the disease we desire to cure, we practise homœopathy.

The explanations which have been given from time to time of the mode in which a homœopathically selected medicine operates in promoting a restoration of healthy tone in a disordered condition, have been both many and various. I do not propose to detain you by discussing them. This has been well done already by Dr. Dudgeon, in his *Lectures on Homœopathy*, published nearly thirty years ago, and of which I, for one, and I know that many

are like-minded, heartily desire that he would give us a revised edition.

The view taken by Hahnemann was that a medicinal disease was excited by the remedy similar to, but stronger than, that which was natural, and that the stronger overcame the weaker. This, of course, is pure hypothesis, and that, too, of a highly speculative order. It is, moreover, one which no experiment has ever endorsed; there is, in short, no evidence either of its truth or of its probability.

Dr. John Fletcher,* of Edinburgh, a very learned and much-esteemed teacher of medicine of forty years ago, came much nearer to the probable solution of the question, how a homœopathically selected medicine operates, when he said that it consisted in exciting in the diseased tissues a condition exactly opposite to that which constituted them morbid.

Inflammation may, as has often been said, be regarded as the initial type of disease. The primary phenomenon of inflammation is a paralysis of the vaso-motor nerves of a part, leading to dilatation of its vessels. They have lost their normal stimulus, and, until this is restored, health cannot be recovered.

The action of a drug is now pretty generally recognised as two-fold. Hahnemann, years ago, wrote of the primary and secondary action of drugs; the latter being the opposite of the former. The primary effect is usually to stimulate, while the secondary is to depress. If, then, we give a medicine in a small dose, the effect of which, taken in health in considerable quantity, is to produce a condition like that we have to cure, we are, in so doing, bringing into play the stimulating—the specifically stimulating property of the substance. In such a dose it will stimulate the dilated vessels to contract—will restore their lost tone—will enable absorption of morbid matters to take place.

It is, then, as a stimulant—a specific stimulant to healthy action—that I am inclined to view the mode in which a homœopathically selected medicine operates, when given in an appropriate dose.

I say a specific stimulant. By experiments on healthy persons, and by cases of poisoning, we know, as I have

* *Elements of Pathology.* By John Fletcher, M.D. Edinburgh. MacLachlan & Stewart.

just pointed out, the parts the drug will affect, we know the tissues it will disorder, or, perhaps, I should say, if we fully understood the meaning of all symptoms, if we had it in our power to trace all back to the exact tissue affected, we should do so. But herein we are able so to do quite as much, when studying the symptoms of disease, as we are when investigating those produced by drugs. At the same time we know full well that groups of symptoms, which are similar in kind and locality, are alike in their source. We therefore feel assured, whether we can demonstrate as fully as we would, both the seat and kind of action which is going on in a diseased body, or whether we cannot, that if we give a medicine producing a series of symptoms precisely similar to that expressing the disease, we are in very deed influencing the disordered tissues, whatever they may be. Further, when we do so with a smaller dose, we are directly stimulating these tissues to renewed vigour.

Homœopathy, as I have already stated, is a method of drug selection, and does not define a mode of drug action.

A few weeks ago, the editor of the *Lancet** in a very interesting and suggestive article on homœopathy, seemed to plume himself on informing homœopathists that drugs selected because of the similarity of their effects to those of disease cured by reason of their contrary effects. This I have shown you has been recognised for fully forty years! Throughout nearly the whole of homœopathic literature, during this period, whenever the *modus operandi* of a homœopathically selected drug has been discussed, it has been very frequently argued that the action of such a selected remedy was precisely opposite to that of the diseased process!

The mode in which a drug acts is very much a matter of speculation, doubtless very interesting, and very useful so far as it goes. But, a method of drug selection is a *fact*; one capable of demonstration, without any theorising, without any speculation. Hahnemann's idea of the mode in which a homœopathic remedy acted was doubtless erroneous, certainly, it was unsubstantial—but when he prescribed homœopathically, selecting his medicine on the ground of the similarity of its effects to those of the disease,

* May 21, 1881.

the results were as fruitful as though his theory of its mode of operating had been true to the letter.

Whether then, as is probable enough, the homœopathically selected medicine act on the principle of *contraries* or not, if it is chosen on that of *similars*, the whole idea of homœopathy is fulfilled.

21, Henrietta Street,
Cavendish Square, W.

CLINICAL CASES, WITH REMARKS.*

By S. H. BLAKE, M.R.C.S., Liverpool.

CASE IV.

Neuralgia cured by arsenicum.

Feb. 26. Sarah C., æt. 28, of fair complexion and sanguine temperament. Temper irritable of late years since having a family (five children). No anæmia. Colour of lips and face has been even better and more sanguine since her marriage. She complains of pain beginning at the top of the left frontal eminence near the temple, descending quickly thence to the left eye, "making the eye jump and dart," and at the same time rendering "the head sore." She describes the pain as "shooting," and when it comes on it will last for hours. She also describes the pain as a "shooting and burning pain like needles," also like "a cutting of the bones with hot knives," and at the time of the prevalence of the pain she cannot see with the left eye, but only sees as it were "fire coming out of it." At the same time the eye seems to go back into the head. The left eye also becomes bloodshot and "runs water;" but the right eye remains intact. With the pain she is very restless, and "buries her head" in pillows and clothes, &c., pressing and covering it in the endeavour to get relief, and thinks she is going mad when suffering in this way.

Concomitants are loss of appetite and white coated, tremulous tongue, all more marked during the pain. The attack begins at 6.30 a.m., and lasts to 3.30 p.m., or it

* Being part of a series of cases, the record of which gained for Mr. Blake the "Epps" prize of £10.

may begin at 10.30 and go on to 4 p.m. It never occurs at night, at which time she feels quite well.

She is feverish during the attacks, and is then rather thirsty, but only then. The tongue is still tremulous in the absence of the attack. *Arsen. alb.* 3.c. pil. 3.h.

Mustard and linseed poultice is the only thing she has tried which has given relief.

She is suckling a baby, now four months old.

Feb. 28th. She reports that she has been a great deal better after the medicine, for the "shooting" and "burning" pains have been stopped since the 26th, and did not occur after the first dose; whereas before coming for advice they had recurred daily, and always lasted for hours.

Although the symptoms had been thus bad for a week, they had also existed, though in a less severe degree, for some considerable time prior to the time referred to. All the symptoms having subsided, she has nothing further to complain of; but I considered it best to continue the medicine for a few days more. Repeat *ars.* 3 t.d.

Both terms, "shooting" and "burning," were used voluntarily by the patient when asked to name the kind of pain. When questioning very partially educated persons it does not seem very wise to rely solely on their statements and lay too much emphasis upon the terms they use when describing them. It is, I think, quite common for persons subject to any rapidly passing pain to describe this as shooting. Our great difficulty is to know what each person actually means by a term of this kind when so used by them. Not unfrequently patients will absolutely refuse to describe the character of the pain at all, or repeatedly declare their inability to do so. One would suppose that education is the only remedy for this difficulty.

The "burning" characteristic of *arsenicum* is so well known as a generalisation that it hardly needs reference. But it does not appear to have been so well worked out and noted in provings in reference to neuralgia of the head, as in some other parts—the rectum and anus for example. There was a time when the provings had a beginning. Then progression came, and it is still going on. Completion has not arrived yet. When will it arrive? It may approach that much to be desired consummation soon, but in the meantime, generalisations are of no little aid, and

come in at times to the assistance of the "not to be done without" localisation and its specification in quality.

Hence it is that wherever we find the characteristic nerve pain of *arsenic*, together with its concomitants, we conjecture that that medicine may effect a cure. How can we always localise the pain in a patient in the very identical nerve in which it may have occurred only once in a prover? If the drug have not been thoroughly proved or be a new medicine, it is a fact of most valuable import that it should have caused a pain of some special characteristic in any one nerve. This one link may be the key to its action with which it is consistent everywhere else. This diagnostic prescience is like that of the decision into which class or group an extinct animal should be placed when only one of its extremities, or its jaw and teeth have been discovered. Though open to some doubt, this plan of decision appears to become sometimes useful, and therefore necessary. Yet even if we generalise the local head symptoms of *arsenic*, they are like enough to those of the woman cured to show the homœopathic relationship. In what consists the necessity of this intimate relationship in order that a drug should be in the first rank and cure as homœopathic? The law "*similia s. curantur*," even "*similia similibus curentur*," does not prescribe this application, yet both include it. "Like cures like," but in what respect must they be like in order that they shall cure it, other opposing laws not rendering this event impossible? What conditions or what concomitants must be fulfilled in order that we may render our account to this law and anticipate its payment in full? And again, in what manner or conditions must the weight be placed in the scale in order to prevent the opposite weight from obeying the law of gravitation? If we knew the replies to these questions we could apply the law of *similia* with the greatest precision in cases where without method we shall fail in its correct application. Are we able to say that, setting aside other opposing laws and co-existing causes of disease, if we obtain the seat and character of a pain, together with its conditional symptoms, if any, and its concomitants, if any (belonging directly to it), that with the temperament corresponding in "contingent homœopathy," and in any person with "absolute homœopathy," irrespective of temperament, we are able for certain to cure, so far as that is compatible with the intactness of physiological persistency? An important

element comes in here as to the anticipated result, namely, the proportional quantity of disease present in respect of the size of the body and organs diseased, and the vitality and age of the patients, for the same amount of disease curable in one patient would appear to be sufficient to produce a fatal result in another, in spite of any medication.

Taken from the provings, the sufferings from *arsenic* are thus described: "Anguish and despair, driving from one place to another for relief. The anxiety and restlessness are indescribable. 'Kill me,' he cried, 'or relieve my pains.' Violent headache. Severe headache, getting worse all day, with constricted feeling at the temples. Headache on rising in the morning, worse on the left side. (But *arsenicum* does also cause right cephalalgia as well as left). Increase of headache at 11 p.m., with cold hands and face. Headache increased by light and noise (are we to ascribe the onset of the diurnal headache of *arsen.* to this relationship to sun, light, and noises, for these are absent at night?) Burning pain in the head. Pain as if bruised in external head, worse when touched, pain as if sore. Agonising pains about forehead and temples. Headache over left eye, violent at evening and night. Constrictive (drawing together) pain above eyes and in temples. (In my patient the left eye was, as it were, drawn backwards). Tearing stitches in the left temple. Dull beating pain in one half of the head, as far as above the eye. Violent neuralgia on left side of head, followed by lame feeling. Tearing pains. Violent pain in left eye. Burning pain. Distorted or sunken eye. Suborbital pains, with prickings as with needles, sometimes quite severe; stitching pains. Sensation round eyes and temples as if pricked with innumerable red-hot needles. At 1 p.m. sudden severe pain in lids, with painful prickings and lachrymation, lasting ten minutes; burning in margin of upper eyelids. Eyes red, watery lachrymation. Inflammation of conjunctiva, with suffusion and intolerance of light. Inflammation, violent and frequently recurring."

Here again is the periodicity of the *arsenical* action: "Eyes very red; bloodshot." "Eyes retracted," the symptom cured in the case recorded.

There is a neuralgia beginning in the jaw and extending thence up the temple and over the whole head, which closely resembles *arsenical* neuralgia, but which is relieved always on going into the open air, for which *nux vomica* is

more suited than *arsenic*, and if mental grievance be the cause I think *ignatia* might be preferred. *Phosphorus*, which also has relief in the open air, has pulsating pain in the left temple, with burning, stinging pains commencing in the occiput.

The medicines causing pain from the forehead to the left eye are *badiaga*, and *agnus castus*.

From forehead or temple to eyes, *berberis*.

From forehead to eye, *apis*.

CASE V.

Cure of hemicrania by zincum.

May 31st. A. C., a woman of 25, has suffered for months from what she calls "neuralgia," a very severe pain, of which she cannot well describe the character, affecting the right side of the head, and the pain extends through the temple on the same side. It comes on in violent paroxysms, and the attacks are attended by vomiting and by a watering of the right eye. She suffers likewise from menorrhagia. If she take milk, it is soon expelled from the stomach in curds. Also during the attacks other kinds of food are vomited. She has had frequent attacks during the past fortnight, and she is not only affected during the menstrual periods but during the intervals also. The menses are both too early and too profuse.

Zincum 3 x gr. i. ter die.

June 3rd. Reports herself much better. "The neuralgia" has now entirely gone. Since taking the medicine the attacks of pain diminished in frequency, and soon disappeared altogether. She has had no pain to complain of during the past three days. Repeat medicine.

June 10th. No return of pain. Repeat.

After this the patient did not require any further treatment.

The *Materia Medica* (and provings) supply us with the indications for *zincum*:—

"Hemicrania worse after dinner, tearing and stinging (note the association with food and the vomiting in the case cured by it). Cramp-like tearing pain in right temple. Pressure on vertex worse after dinner; frequent vertigo, then nausea and vomiting of bile; face pale; costive; cerebral depression. Right hemicrania—internal head-

aches, mostly semi-lateral; worse from wine, warm room, and after eating.

"Eyes dim and watery; face pale; alternating with redness. After milk sour eructations.

"Nausea in stomach, with retching and vomiting of bitter mucus.

"Menses early and profuse; lumps of coagulum pass away when walking; flow profuse at night. Ulceration of cervix; acrid discharges and irritation of vulva."

"Hemicrania is a disease which requires to be closely individualised."—Dr. Hughes.

The eye symptoms referable to *zincum* are apt to be associated with cerebral or central nervous lesions; thus the eye sympathises with neuralgic pain or the hemicrania occurring from the nervous centres on the same side of the brain. In this case, cured by *zinc.*, we observe that the eye watered on the side of the head affected by pain during the paroxysm. The attacks of pain also were described as very severe. One of the maladies to which *zincum* is thus appropriate would appear to be a neurosis; not necessarily confined, however, to the right side of the head.

Right-sided and semi-lateral headaches have been produced by a great number of medicines. The number of drugs also which have caused nausea, vomiting, or both, with the headache are also very numerous. *Bovista* and *conium* are noted as having produced headache with lachrymation. For right hemicrania, with nausea, vomiting, we may refer to *alm.*, *bov.*, *ch-s.*, *con.*, *coc.*, *phyto.*, *tab.*, *mez.*, *nux. vom.* (*sepia*, *san.*, noted as left-sided), also *kali bic.*, *asr.* (bursting pain, with watering of the eyes), *glon.*, *caust.*, *graph.*, *K. carb.* (frontal), *lach.* and *æthusa*.

Alumina, stitches in brain, with nausea, or throbbing frontal pain.

Bovista, deep headache, as if enlarged.

Cinchona, tearing, throbbing, bursting, or as if bruised.

Conium, bursting, stitching, tearing; sensation in right half of brain, as of a large foreign body. Pain moving on awaking.

Cocculus, pain as if eyes were being torn out; head as if screwed together, or pressed from within outwards; worse by eating, drinking, sleeping, and riding; better during rest indoors.

Phyto., soreness deep in brain, or as if brain were

bruised; megrim, with backache and bearing down once a week.

Tab., early morning sick headache and worse by noon; nausea and vomiting, aggravated by noise and light; better in the open air.

Mez., after exertion and talking much; sensitiveness to slight contact, relieved by stooping; sensation as if upper part of head were pithy.

Nux vom., pressive, boring pain, with sour vomiting and palpitation, worse from mental exertion, noise, coffee, and eating. Pressing down into head from vertex as if skull were pressed asunder. Bruised, sore pain; brain seems to shake when walking; pain better in the open air.

K. bich., semi-lateral headache in small spots; sharp stitches in the bones.

Glonoin, throbbing; relief only when quiet, the head and upper part of the body being elevated.

Causticum, stitches, worse sitting or reading; also pressive pain; sensation as of an empty space between forehead and brain.

Graph., tearing or throbbing, or as if constricted with a cord; violent pain, with nausea during menses.

Kali carb., congestive; worse by riding, coughing, sneezing, on awaking from sleep, and from coryza.

Lach., pressing or bursting; better lying down; pale face, yet throbbing temples.

Æthusa cyn., violent pain, as if the brain were dashed to pieces; headache ceases with discharge of flatus from the bowel; stitches and pulsations.

Sepia, stinging pain from within outwards (left side especially), with contraction of pupils; worse indoors and when walking fast; better in the open air and when lying on the painful side of the head (*nux. vomica* the reverse, right-sided pain better when lying on the painless side); sweat of feet and axillæ; uterine relationship.

With these medicines the pain is closely associated with nausea and vomiting. There are other medicines, however, in which at present I am not able to assume that this applies, but which may apply to hemicrania. Thus, there is *bell.* with throbbing and pain as if the bones were lifted up.

Calc. c., with coldness in the head and much acid in the eructations and vomiting; also *calc. acet.*

Ignatia, clavus, "clonic spasms and the paroxysms culminating in diuresis"—Hughes. Pain, as of a nail driven out through the side of the head, better when lying on it (*nux vom.*) Pain like a hard pressure on upper surface of brain. In other respects symptoms very much like those under *nux vomica*.

Stannum, every morning headache over one or the other eye, mostly left side, increasing and decreasing gradually; or painful jerks leaving a dull pressure, worse during rest, better from motion; or throbbing in the temples.

CASE VI.

Heart Disease.

On March 10th, James E., aged 14 years, first came under my treatment in a very serious condition indeed. That he would live many days was, at this time, very uncertain.

Previous history.—Has been for the past three months in the infirmary, in which institution he has formed an excellent example for clinical study. His condition, however, has not been improving during his residence there, and therefore he has been removed, says his mother, to see if anything could be done for him at home. On a former occasion he had an attack of "heart disease," and was visited by one of our colleagues for that complaint, and got better, to the satisfaction of his parents; but subsequently, at a future time, another illness came on, and on this occasion, by the advice of her friends, she thought it best to get him into the infirmary if possible. When taken to him for treatment, the physician in attendance did not omit to seriously caution the mother on the danger and injury likely to accrue from having on a former occasion relied on homœopathy for his treatment. How wise or unwise this statement may seem to be is best learned by observing the results of two days treatment by homœopathy, and this may be learned without disparaging in any way the care, attention, and skill bestowed upon such a case *minus* homœopathic treatment. He is the subject of hip-joint disease.

Present Condition.—March. He is kept sitting, propped up in a chair with pillows, for he cannot lie down night or day for the dyspnœa.

He is pale and pasty-looking, with an expression as of long-continued pain, and has been losing flesh rapidly of late, for he has lost appetite, and the tongue, which is dry, is covered with a dirty brownish white fur. There is marked thirst for water and cooling drinks, and he drinks plentifully if permitted to do so (*arsenic, bryonia*).

His suffering is and has been very great, the anxiety and pain in the cardiac region are continuous, and sometimes extreme. If anything be said which makes him inclined to laugh, the attempt at the commencement of laughing causes intolerable pain at the heart. Bowels relaxed, from one to two loose fetid evacuations daily. Frequently vomits food taken.

The cardiac area of dulness is enlarged; action of heart heaving, forcible; and there is a visible, very broad, and palpable apex beat perceptible at a position two inches below and two inches to the left side of the left nipple. Hypertrophy, with displacement of apex beat downwards, and to the left of the normal position. Loud mitral regurgitant murmur displacing the first sound, distinguished most plainly over the ventricular region, and second sound, purer than the first, but still somewhat obscured and deficient in distinction and accentuation as heard at the second and third intercostal spaces near the sternum. I diagnosed endocarditis, and possibly fresh deposition or inflammatory exudation going on in the endocardial lining and on the valves. That this cardiac disease may have been originally connected with and at the present attack promoted by the long-continued hip-joint disease, wherein the femur had been displaced, and pus or detritus locked up, is a possible conjecture. In addition to the heart symptoms, the right side of the chest is affected, and has been so for some time during his hospital residence. The entire right chest is bulged out, especially so in the posterior region and towards the spine. The intercostal spaces are pressed outwards. The signs of hydrothorax of extensive amount, bulging out and deforming the entire right chest, are present. The liver also is enlarged, owing, doubtless, to the degeneration so often found in association with chronic bone disease.

The urine is scanty, very high-coloured, but forms no coagulum—with heat and nitric acid (non-albuminous).

The feet and legs, which he is obliged, in order to get relief at all, to support on a chair, pit deeply on pressure. The œdema extends up to the knees, or even higher on both sides. The lower eyelids are very œdematous. There is retraction of the muscles of the abdomen under and to the left of the apex beat, as if the diaphragmatic attachments of the ribs, and abdominal structures, are drawn inwards and upwards towards the heart, because of the abnormal action of this organ. Pulse small, quick, thready, irregular, 130 per minute. Respiration difficult, shallow, and short, as if afraid to breathe for pain and difficulty. A long breath is painful and seems impossible.

He does not sleep at night, or very little; or, if he doses off, starts and screams out.

Arsen. alb., 3 x, gtt. x., to water $\frac{3}{4}$ tumblerful. A dessert-spoonful every two hours.

March —. Forty-eight hours after the first prescription I find the patient greatly relieved. Not nearly so much distress in the expression of the face. Appearance stronger and healthier. Œdema almost entirely gone from the legs and feet. Right side of chest reduced to almost its usual dimensions. Intercostal spaces now very little distended. He is able, without inconvenience, to place the feet to the ground without their swelling, and to move more freely in the chair without cardiac distress. Œdema of eyelids gone altogether. Heart sounds decidedly purer, action less violent and less heaving, murmur with first sound has become more modified and not so continued.

Urine, instead of being concentrated, and almost "blood colour," is now pale straw colour, copiously passed, and still non-albuminous. Diarrhœa and vomiting cured. Rep. *ars.* as before.

March 14th.—Does not improve so rapidly as during the first two days of the *arsenicum* treatment. The dyspnœa has become extreme at times, and has become the most prominent symptom. Had hardly any sleep in the night for it. He passed a very restless night, and was in so much pain and difficulty of breathing, with palpitation, which is at times fluttering, at others violent, that they thought he would have died during the night. Nevertheless, I find the heart sounds improved; action more regular, less forcible and heaving. Murmur less prolonged, and better distinction can be drawn between the first and

second sounds. The cardiac symptoms have been more distressing, but on the whole he looks much better.

Tongue much cleaner. Pulse 120.

Considering now that *arsenicum*, whose sphere of action is endocardial, had been doing material good there, besides removing the dropsical effusions, but ceased to correspond to some of the more urgent symptoms, particularly to the now very marked cardiac dyspnoea and palpitation, I altered and gave *verat. viride* A gtt. ii. 0.2. h, ex. aquâ.

This was prescribed especially for the paroxysms of nocturnal excitement, with dyspnoea and palpitation of fluttering character as the more prominent symptoms. It has appeared to me to regulate with great certainty the nervo-motor loss of balance between the cardiac and respiratory nerve centres, when occurring with the above-named symptoms.

March 15th. Has passed a better night. Dyspnoea much relieved: less restlessness during the night; and in other respects better. Continue medicine.

March 16th. No screaming out at night since taking the medicine, able to get good sleep now, still in the sitting-up posture; the hands being rested on the palms, and the head and neck dropped downwards, as it were for rest, between the shoulders. He cannot lie down to sleep yet, for if he does so there occurs a throbbing sensation upwards in the laryngeal region, causing great distress. Feels much relieved; appetite much improved; no troublesome dyspnoea now, and no visible cardiac movements, nor any palpitation with dyspnoea. The urgency of the latter symptoms has entirely disappeared. In other respects continues to improve.

To omit medicine for twenty-four hours.

March 17th. Has passed another very good night, sleeping soundly, though for sleep he has still to support his thorax by making straightening the arms downwards, with the palms placed flat on the chair. Is greatly relieved in every respect. Urine still copious, but somewhat more concentrated than it was after the *arsenicum* treatment.

Pulse now only from 96 to 100 (sitting posture), regular; but yet is even weaker and smaller than before, being counted with great difficulty on account of its smallness; although its rate per minute has become much reduced, as above noted. He is now able to rest the feet on the ground. There is no sign of any return of the oedema, and the face

has lost all appearance of pain. The retracted state of the abdomen below the heart gone, and the contour of the chest in front has assumed a natural aspect. Area of impulse diminished, less forcible, and without the agitation which was so very marked when first seen, and which was still visible three days ago. Heart's action regular, though still characteristic of hypertrophy. Seat of apex beat is now two inches below and about an inch to the left of the nipple. Right posterior part of chest presents only the deformity present formerly, on account of spinal curvature from disease of right hip joint, which has not at present any fistulous opening, though the head of the femur, or the end of the bone which represents it, is dislocated far upwards on the ilium.

He is eating very heartily; the tongue is cleaning rapidly—only two patches of whitish coat are visible towards its dorsum; bowels acting well. There is now no reasonable doubt of his making an excellent recovery. Murmur still plain, but the sounds are more natural.

Verat. viride A. gtt. v.; water twelve dessert-spoonfuls; a spoonful every third hour.

The effects of these medicines is beyond dispute, and further explanation is superfluous. However, we note these two much-to-be desired results:—The *arsenicum* removed the œdema, diarrhœa, and vomiting. The *verat. vir.* removed the palpitation, dyspnœa, and irregular action of the heart, with the excitement and sleeplessness. In consequence of the great improvement thus effected, all difficulty in the case, and doubt as to its issue has now passed away.

That *digitalis* was not the most suitable medicine is easily seen by a glance at the symptoms proven by that drug on the mind, disposition, and circulation, as well as by the prominence of gastro-enteric symptoms of the case. In vain we look to the general teaching of the majority of the schools of medicine for those indications for this and other drugs which can be found only in the provings on the healthy.

The action of *arsenic* on the endocardium is well known.

“The heart beats more quickly when lying on the back,” hence the patient sits up for relief, and should this condition be a prominent one, is an indication for *arsenic*. Subsequently to the previous notes the patient was treated for symptoms resembling those of *aconite*. Great restless-

ness and agitation at night, with strong palpitation and dyspnoea, "jumping and kicking" sensation referred to the trachial region, with pulse quick, full, and strong. *Aconite A* gave him every relief, especially at night, procuring sleep, and stopping the "screaming out" at night. On March 23rd I again saw him after the *aconite* treatment, and found him still improving, and the heart sounds very much better. Both sounds fairly perceptible at apex, and the murmur with first sound at this time so far lessened as to cause very little obscuration, or rather, displacement of the first sound.

It would appear from the alternating action and different effects in different doses of some drugs, that the same medicine may come to be indicated in the actually different conditions of undue hypertrophy on the one hand, with strong action, and of degeneration, and dilatation on the other, with weak action, provided always that the symptoms characteristic of the medicine be present. Hence the difficulty of fairly classifying in all the various abnormalities of cardiac action becomes very great. Again, each drug may correspond to alternating, opposite, and different phases of the same disease, and yet be the curative remedy. Thus *phosphorus* may become indicated in states occurring with hypertrophy, or with degeneration; and *belladonna* in states with a full and quick, or full and slow, or a weak, small and soft pulse, according to the associations in the provings. My first recollections of the application of *arsenic* to endo-cardial symptoms are associated with an excellent account of the symptoms in a thick volume by Dr. Laurie. Therein he goes on to describe, under the heading of "Pathological anatomy," indications for *arsenic*, but we are not told whether the pathological appearances referred to are truly *post mortem* effects observed after arsenical poisoning. On first reading them, I took them for such, and so believed them to be; but have been rather disappointed at not finding them in Allen's work. I quote from Laurie: "Very much relaxed, or violently contracted heart; thick fluid, tar-like blood in the right ventricle; opalescent spots upon the inner surface of the left ventricle, from the presence of false membranes; violet red spots with softening of the endocardium; red-marbled spots in the left auricle and ventricle; smaller carmine red spots, especially on the papillary muscles, and penetrating into the substance of the heart;

much darker redness, almost blackness of the right cavities of the heart, and some spots on the papillary muscles; red or black broad spots in the left ventricle, inflammation of the semilunar valves of the aorta."

If these symptoms be really pathogenetic, they speak for themselves, and throw a considerable and convincing light on the power of *arsenic* in endocarditis with the appropriate symptoms, which I will now quote from Allen: "Inflammation of the heart and its results, dilatation, and œdema of the feet. Great irregularity of heart and breathing. Irritable heart. Action feeble and hurried. Violent, tumultuous and painful palpitation, especially at night. Strong, visible, audible pulsations, chiefly at night, worse when lying on the back, when it beats stronger and faster. Violent blowing sound, with full pulse, 110 beats per minute. Or, violent palpitation, with small irregular pulse. Palpitation and anxiety. Nocturnal anguish, with palpitation. Pulse quick, hard and full; or again, weak, small and quick, or scarcely perceptible. Pulse restless and small, yet increased after repeated vomiting."

On comparing these conditions with those of the boy treated by *arsenic*, we observe that it is just this array of phenomena as caused by the drug, which were so much ameliorated by the treatment.

AN ADDRESS ON HYGIENE.*

By M. ROTH, M.D.

In all parts of the world, both among the most civilised nations as well as among the most ignorant tribes, man is surrounded by many injurious influences, exposing him to a number of preventible acute and chronic diseases, as well as to premature death.

In order to remove these injurious influences, or rather, when this is impossible, to counteract their bad effects, we must have recourse to hygiene, a science dating so far back as 4000 years ago, as proved by the Egyptian and Mosaic sanitary laws. Although the science itself has made considerable progress in the present century, its practical application has taken but slight root among the people at large as well as among the medical profession,

* Reprinted from *The Transactions of the International Homœopathic Convention*, 1881.

the majority of whom are taught to cure diseases but not to prevent them. Even our friends who have prepared the programme of the first and present International Homœopathic Convention have either forgotten or neglected to name hygiene as a subject of an essay or discussion.

Being convinced that the highest aim of medicine is the prevention of disease and increase of the average duration of life, by permission of your Committee I have taken the liberty of addressing you on the oft-neglected subject of hygiene, in order to elicit your opinions concerning the most practical means of preventing disease and prolonging life. Those who might object that this Convention has nothing to do with prophylactics, I will remind that the knowledge of the physiological effects of medicines has enabled us to use *belladonna* as a prophylactic against scarlatina, *aconite* against measles, and *quinine* against the various forms of intermittent and remittent malignant fevers. Dr. Hutchinson, a naval surgeon, whom I met last year at the International Congress of Hygiene at Turin, told me that, being at the head of an expedition up the Niger, he gave every man on board a daily dose of *quinine* for at least three weeks before reaching the coast of Africa; he continued this medicine throughout the whole period of the expedition, and even for some weeks after, and did not lose a single man out of more than a hundred that he had with him. Drunkards take considerable doses of *strychnine* as soon as they feel the first symptoms of delirium tremens; our American friends probably know Dr. Morey's report, published in the *Pacific Medical Journal*, upon the case of a man who, being in the habit of taking large quantities of *strychnine*, after drinking whisky in immoderate quantities for a fortnight, was able to prevent the attacks of delirium tremens. Wine and brandy tasters and merchants, bottlers and other persons obliged, on account of their business, to live in an atmosphere impregnated with alcoholic vapours, counteract the bad effect of these vapours by means of strong and unadulterated coffee. Pasteur has shown that the diluted poison of the poultry cholera, and of the anthrax in sheep, either diminishes the intensity of or actually prevents the disease, probably in the same manner as vaccine modifies or prevents smallpox.

These few instances are sufficient proof that the study of the physiological effects of medicines may lead to the

prevention of disease, which must be preceded by the study of the causes of the various diseases, as well as of the conditions most favourable for preserving health.

The most important conditions for preserving health are pure air, good soil, pure water, and unadulterated food. It is the duty of the authorities, to whom public hygiene is entrusted, to provide these conditions for the public in general, and especially for all public establishments, such as churches, schools, workhouses, prisons, reformatories, barracks, courts of justice, theatres, and other places of amusement, and where a large number of people resort. It is the duty of the legislative assemblies to bring forward such laws as would enable the authorities to prevent and remove all injurious influences affecting the purity of the air, soil, water, and food, both in town as well as in the country. Unfortunately, we have only amateur hygienic legislators in the House of Lords; this august body has hitherto not admitted any learned physician who could advise practical measures for the public health, although no objection has been made to the admission of members of the other learned professions, as well as to bankers, manufacturers, soldiers, and landed proprietors. In the House of Commons the number of medical members is yet too small to give sufficient weight to the introduction of such measures as affect the health of the public at large. It is owing to this legislative neglect of hygienic measures that many diseases must and will still continue to spread and to cause premature death. Architects, surveyors, builders, and engineers, who plan and build our houses, have not as yet been sufficiently trained in hygiene as to be enabled to build houses and homes which in every respect answer to the conditions of health. There is, then, only the medical man left, and it is he who has the most responsible duty to fulfil, namely to enquire into the causes of disease and premature death, and to discover the means of counteracting them. Hitherto the great aim pursued in the training of a medical man has been to enable him to cure diseases while the study of hygiene or the preservation of health has been almost everywhere more or less neglected. This is an additional reason why the public are so ignorant of a practical and popular knowledge of hygiene, with which every human being should be acquainted.

It is not enough that the best sanitary laws or special regulations regarding public health should be inscribed on

paper, they must also be carried out into practice; for example I may mention how badly the duties of the inspectors of health are performed* and how little attention is paid to the reports and suggestions of the medical officers of health.

Everybody knows how the regulation for having closed Davy lamps for the prevention of explosions in mines is neglected, and how many lives are yearly sacrificed through this neglect. Mr. Guido Körner in Freiburg last year invented a ligroïn lamp (ligroïn is one of the liquid carburetted hydrogens similar to benzine and petroleum ether) in which capsules of asbestos, previously covered with a layer of palladium, are placed over the wick; this lamp consumes per minute from one to one and half cubic metres of the noxious vapours, and is at present considered to be the most successful apparatus for preventing explosions in mines.

Again, in the fen districts the basement and cellars of numerous houses are almost always filled with stagnant water; the inhabitants are weakened, while the children suffer from general debility, swollen glands, fever, headaches, as well as rheumatic and other complaints, caused by constant exposure to the damp. Now, although it is well known that covering the ground with asphalte and other impermeable materials would prevent the percolation of the water, this precautionary matter is almost entirely neglected except in the subterranean and subaqueous bomb and shell-proof compartments of our fortresses. The insertion of layers of asphalte cement in the humid walls of older buildings is an easy and not expensive process, but how rarely is it used to improve the unhealthy conditions of habitations built on clay, or on land exposed to inundation!

It has been found that the malaria fever is due to the *Bacillus malarie*, a microscopic organism which Corvelli has found to be propagated by spores, and which Marchiafava found in the blood of three patients who died during the cold stage of the fever. We know at present that draining the malaria countries and the planting of the eucalyptus counteract the effects of the fever; the application of these two measures belongs to the authorities presiding over public hygiene.

* In a pamphlet entitled *The Fever Dens in the North Western and West Central Districts of London*, I have published some more notes on this subject.

Among the objects of public hygiene, cremation is now attracting much attention. While other countries, especially Italy, are progressing in diminishing the noxious and most injurious influences arising from the decomposition and putrefaction of bodies buried according to the present anti-hygienic system, we are prevented in England by legal difficulties from making use of the crematorium at Woking. The fear of poisoned bodies being destroyed and thus of preventing the detection of crime, is the principal obstacle in England to one of the most important sanitary measures; an obstacle which, in Italy, has been removed without any difficulty by means of a preliminary post-mortem examination. Happening to be present last year at two cremations in Milan, I had several opportunities of studying publications on the subject. I also saw a coffin opened in which a body had been buried for six months; the millions of insects and the putrid body compared with the calcined bones of the cremated body are quite sufficient to convince the most incredulous of the hygienic advantages of cremation and the anti-hygienic conditions of interment. Again, the researches of Professor Selmi on ptomaines, the fixed alkaloids developed in the human body after putrefaction, show still more how desirable and necessary cremation is from a hygienic point of view. The symptoms of animals poisoned by these ptomaines are, dilatation of the pupils with subsequent contraction, instantaneous retarding and irregularity of the pulse, together with some convulsive movements which leave the heart after death absolutely empty and in systole. Some of these poisons are as venomous as the most toxic vegetable alkaloids; some have been found analogous to *veratrine*, while in a person who had died from asphyxia similar poisons were found only eight days after death. It appears that many of the cases of poisoning by diseased meat and fish are due to the presence of ptomaines, which in certain fish are produced a few hours after death. In the torrid zone certain species of mackerel, perch, and herring produce poisonous effects at certain seasons; in Japan, the eating of the fish fugu (petrodon) is forbidden at different times of the year by a special law. The knowledge of the development of these poisonous alkaloids in the human body so soon after death will, I hope, considerably accelerate the general introduction of cremation, and thus remove a very fertile cause of disease and premature death.

Another of the problems to be solved by the sanitary authorities, is the disinfection and utilisation of the fæcal matters accumulating in the sewers of large and small towns; the latest experiments, by passing smoke through the substances to be disinfected, have succeeded on a small scale, but whether it can or will be successfully carried out on a large scale has not yet been proved.

Again, one of the objects of public hygiene is to prevent accidents and diseases arising from various trades and occupations; for instance, the law does not permit any children to be employed as chimney-sweeps, an occupation which would constantly expose them to various accidents. Last year I read a paper at the International Congress of Hygiene on the anti-hygienic conditions under which the engineers work in the Scotch shipbuilding yards; however, there is no hope for any improvement until legislative measures are brought forward.

During the last thirty years the use of compressed air for industrial purposes while constructing bridges has become more general, the men working at a depth of from thirty to seventy feet under water, in a caisson, with compressed air. When the bridge near St. Louis, over the Mississippi, was built, the men had to descend to a depth of a hundred and twenty-three feet, which is the greatest depth hitherto known in which men have worked under water. After the air in the caisson has been compressed to three, four, and even more atmospheres, the men enter a kind of ante-room which communicates with the open air. When the door is hermetically closed, the atmospheric pressure in this ante-room is by degrees increased till it has the same pressure as the caisson; then the door communicating with the caisson is opened for the entrance of the working men,—behind them it is immediately closed. When the men leave the caisson after their work, in the ante-room the atmospheric pressure is very slowly diminished; this diminution lasts half an hour, when the previous pressure did not exceed two atmospheres, but it should last an hour if the previous pressure was of four atmospheres.

The effects of the compressed air are sometimes very serious, for example, the workman may feel, during the slightly increasing pressure, a general painful sensation, noises in the ear, accompanied with intense pain; hearing is very much diminished, and the power of whistling gone;

breathing is first of all much quicker, afterwards slower; inspiration diminishes, the capacity of the thorax as well as of the lungs is increased; at the same time cough begins, with oppression of the chest, the circulation languishes, the pulse can scarcely be felt, and the combination of the oxygen with the blood increases. Beyond a pressure of four atmospheres very dangerous, and even fatal, accidents take place, while a pressure of more than six atmospheres causes asphyxia, through congestion, as well as convulsions and that special tetanus which is due to oxygen-poisoning. In the mines of Douchy, with a pressure of four atmospheres, the pathological and physiological effects have been very marked, causing the death of two men through congestion, destroying the eyesight and hearing of several others, while one man suffered from diplopia, and two remained deaf and amblyopic. Out of 643 men working at Toulon, under a pressure of three atmospheres, according to Dr. Michels, 2 died, 48 were sent to hospital, and 123 to the infirmary; while out of 115 men who worked regularly under the same pressure, from the 22nd of August to the 13th September, 48 of them, or 38 per cent., had some ailment or other, such as paralysis, paraplegia, convulsions, pains in the ears and head, as well as painful swellings in the joints and muscles. The pressure amounts to more than 400 lbs. on every square decimetre when a man works at a depth of fifty feet, and two effects are produced, one due to the pressure and the other to the increase of the oxygen; changes in the rhythm and amplitudes of the respirations occur, while, according to Dr. Grand, the body is in a state of hyperoxæmia, and as the quantity of gas dissolved in the serum of the blood is much greater than under the normal atmospheric pressure, the oxidation of the hæmoglobin is more active, changes take place in the tissues, the quantity of urea and carbonic acid is increased, the temperature raised, and the movements of the heart accelerated. Compressed air also causes pulmonary anæmia, less blood flows to the left ventricle, so that the arterial work and tension are diminished, while the blood accumulates in the right ventricle, the work and venous tension of which is increased. The dangers of the too sudden or too violent diminution in the previously increased pressure are greater than those caused by protracted increased pressure; thus the shock causes active congestion of several organs, cerebral, pul-

monary, and spinal apoplexy, violent itching of the skin, deafness and blindness, as well as paralysis of the limbs, bladder, and rectum, which may be of short or long duration or it may cause death by asphyxia within a few hours. These accidents can be prevented by a minute examination of the working men, who must be young, in good health, very temperate, with regular and good habits; the heart, large vessels, and lungs must be subjected to a minute auscultation, and must be proved to be in a perfect condition; the men must be cautioned not to expose themselves to the intense cold and humidity caused by the decompression; they should be dressed in woollen garments and take small quantities of wine or punch, and not expose themselves too quickly to the external air.

Having given instances how public hygiene can contribute to the prevention of disease and accidents, I shall give some instances how private hygiene can prevent diseases.

A large number of infantile diseases, of abnormal derangements, of the very dangerous infantile diarrhoea, and the concomitant fits, convulsions, and paralytic affections are mostly caused by improper management, unsuitable food, want of cleanliness and fresh air. It is an absolute necessity that every child should be brought up by the mother's milk, and only in cases of disease should the mother's milk be substituted by cows' or asses' milk; the supervision of all dairies, the daily medical inspection of the cows, of the stables, of the vessels for transporting the milk, of the place of the sale, and of the distribution of the milk, is of the greatest importance; frequent analysis of the milk, and the constant use of the lactometer, and the most scrupulous cleanliness of feeding bottles, and regulations for feeding, are indispensable conditions for diminishing the still prevailing infant mortality; the acidity of the milk, and the development of vegetable and animal micro-organisms caused by want of cleanliness of feeding bottles and the elastic tubes, which should be entirely abolished, are quite sufficient to account for the so-called infantile diarrhoea. To these may be added the mixing of milk-food with beer, brandy, wine, buns and cakes, sugar, oranges—as it can be observed daily in the streets of London. As long as mothers are left in their present ignorance, the excessive infant mortality must continue. Adulterated milk acts not only on the present

generation but also on the future. Infants and children consume a great quantity of milk. The brain, nerves and muscles do not obtain the necessary material, and the children's power of resisting illness is considerably diminished.

Half of the blindness of the children found in all European blind institutions is caused by a similar ignorance of mothers regarding the necessity of babies' eyes being kept scrupulously clean, and of seeking medical advice as soon as the first traces of the inflammation of the eyes of new born babies manifest themselves. The ignorance of schoolmasters and schoolmistresses with regard to the infectious character of the various purulent eye diseases; the ignorance and neglect of the working people in protecting their eyes while engaged in trades where mineral, vegetable and animal dust is floating constantly in the air; the ignorance of the majority of professional men in the treatment of eye complaints; the objection of patients to the extirpation of an eye lost by accident or by some disease which endangers the loss of the other eye, are additional and preventible causes of the blindness from which 300,000 persons in Europe suffer.

Children as well as adults are suffering frequently from the irritation caused by worms. Hygiene can do much for the prevention of these parasites, which are often caused by eating raw minced meat, recommended in some wasting diseases; by insufficiently cooked meat, sausages, and ham—the two last only smoked, by salads and cresses which are not well washed; eggs of parasites and snails adhere to these vegetables, which are mostly consumed raw (these snails cause the *distoma hepaticum*); impure water-courses and dirty bathing tanks; accumulations of dirt—raw vegetables and animal food—in dark kitchens and dark store rooms; by dogs and cats admitted to kitchens and dining rooms. Dogs and cats should be fed on cooked meat, and not eat the falling off of butchers' shops and of *abattoirs*. Rats infest pigs with *trichinæ*, therefore pigsties must be kept clean and no rats admitted. All these contribute to the development of worms which, in various ways, find their way into the human organism.

We establish homes for cripples instead of preventing the development of rickets and the consequent deformities, although the hygienic laws are sufficiently known which would prevent the artificial development of cripples. The

Italian school for rickety children in Turin, and a similar institute in Milan, have already practically proved that even under unfavourable conditions, half of the rickety children are cured, and the development of cripples prevented. Many deformities and complaints caused in schools can be prevented.

Although the number of instances in which private hygiene can prevent disease can be considerably increased, those I have named will be sufficient for admitting the desirability of popularising hygiene amongst all classes of society, while professional men must pursue this science in all its bearings on the public and private health ; to be able to advance with their hygienic knowledge, and to teach the public how to obtain, in a healthy state, the longest period of human life.

Besides public hygiene, the knowledge of private and individual hygiene is of the greatest importance ; no medical student should therefore be permitted to obtain a degree without having passed an examination in theoretical and practical hygiene, which at present is only required by the very smallest number of examining bodies. How can we expect the introduction of the obligatory study of the elements of hygiene into training colleges for teachers as long as young medical men are permitted to practise without having given proofs of their hygienic knowledge ? Every school-teacher should be taught how to impart to the pupils popular practical knowledge concerning air, water, food, drink, dress, &c. ; how to develop their mind and body harmoniously ; how to prevent them from acquiring the normal school complaints, such as headache, short-sight, bleeding from the nose, all kinds of cold, crooked spines, high, round, and projecting shoulders, flat chests, and contracted necks. The teacher should also know the preliminary symptoms of smallpox, measles, scarlatina, purulent inflammation of the eyes, whooping-cough, ringworm, and of the other common infectious diseases, as well as epilepsy, catalepsy, and St. Vitus' dance (which are caused by imitation), and have a slight knowledge concerning rickets, scrofula, and chronic catarrh of the respiratory organs, which are still curable in the early stages ; he should also know the sanitary conditions of the school, the school-buildings, and furniture ; the different modes of heating, warming, and ventilating it ; the cleanliness both of the school as well as of the bodies and clothing of the

pupils, together with the most favourable means of preserving health, the suitable length of time for exercise and study, and, in fact, all other sanitary requirements.

Besides the hygienic knowledge just mentioned the training colleges for schoolmistresses should have model nurseries attached to them, where a few motherless babes and infants could be brought up according to the best hitherto known methods. These model nurseries would serve as schools to medical students, to young mothers, nursery governesses, nurses, and all those who have to do with the management of infants and children. The elements of popular hygiene in their practical application to ventilation, warming, clothing, food and drink, should form an obligatory branch of popular education; the more advanced parts of hygiene a necessary branch of education in all higher schools, colleges, academies and universities.*

While thanking you for having listened with much patience to this long address, I beg you to assist by your experience and advice the introduction into this and other countries of the great science of hygiene, which is useful to everybody, and contributes to the well-being of our fellow-creatures by diminishing disease and misery.

ON ELECTRICITY : ITS PHYSIOLOGICAL ACTION AND THERAPEUTIC USES.

By DONALD BAYNES, M.A., M.D., F.R.G.S.

HAVING found from experience what valuable and powerful therapeutic agents we possess in the various forms of electricity, I purpose in a few short papers drawing the attention of my professional brethren to their nature, and shall endeavour to point out the indications for their practical application in the treatment of disease.

“Electricity is now regarded as a force, correlated to the other great forces of nature—heat, light, &c.—and, like

* For the purpose of popularising hygienic knowledge Dr. Roth originated about twenty-five years ago the Ladies' Sanitary Association, which has distributed about 1,500,000 sanitary tracts. Lady Mount-Temple (at that time the Hon. Mrs. W. Cowper), Lady Ebury (at that time Lady Robert Grosvenor), and Mdme. la Comtesse de Noailles (*née* Trevelyan), are the first ladies who assisted Dr. Roth. For further information apply to the office of the Ladies' Sanitary Association, 22, Berners Street, Oxford Street, W.

them, is simply a mode of motion, a form of vibration."—
(Beard and Rockwell.)

The name is derived from the word 'Ηλεκτρον, signifying amber; this substance being the first observed by the ancients to exhibit electrical properties or phenomena. The general divisions, or forms, in which electricity is manifested, are:—

1st. Magnetism.

2nd. Static, Frictional, or Franklinic.

3rd. Dynamic, Voltaic, or Galvanic.

By combination and induction we get other forms or sub-divisions, as—

(a). Electro-magnetic, usually called Faradic.

(b). Magneto-electricity.

(c). Thermo-electricity.

Of these, the galvanic is the form I shall chiefly dwell upon.

Magnetism, so called from the city Magnesia, in Asia Minor, near which certain iron ores were found which had the property of attracting iron. These pieces of iron ore were called magnets. Eventually it was discovered that other pieces of iron could be endowed with the same power; these were called artificial magnets, in contradistinction to the former, which were called natural magnets, or lode, more properly load-stones. Artificial magnets are usually made of steel bars that have been magnetised by a galvanic current or by other magnets. These bars may be either straight or bent. We usually see them in the form of a horse-shoe. Each end of a magnet is a pole, and each pole manifests an opposite kind of magnetism; this property is called the polarity of a magnet. If a magnetic needle be suspended, so that its movements are quite free, one pole will point to the north, and is called the north pole; the other will point to the south, and is called the south pole. The greatest attractive power of a magnet is situated at the ends or poles; this attractive power gradually becomes less as we approach the middle, and is lost altogether at the median line, which is called the neutral point, or magnetic equator.

Experience has shown that like poles repel each other, while unlike poles attract. This may be proved by suspending a magnetic bar, so that it may move freely in the air; now, if another magnet be brought near it, it will be seen that the north pole of the one is attracted to the

south pole of the other, and *vice versa*. Some substances are attracted, and others repelled, when in the neighbourhood of a magnet; the former are called magnetic, and the latter diamagnetic. The magnetic are—Iron, nickel, cobalt, manganese, platinum, &c.; the diamagnetic—Bismuth, antimony, zinc, tin, mercury, lead, silver, gold, &c. If a magnet be broken in two, each half will be a perfect magnet, having two poles and a neutral line; this property is retained, if each half be again broken, and will be manifested, so long as the division can be carried out. If a bar of soft iron is brought near or in contact with one of the poles of a magnet, it becomes itself magnetic for the time being, and presents the usual properties of a magnet. This power it obtains by induction. If it now be removed from the magnet, it loses all its magnetic power, and is for this reason called a temporary magnet. If, however, a bar of steel be treated in the same way, it also becomes magnetic, but to a less degree, and taking a longer time to become so. It differs, however, from the bar of soft iron, in not losing its power, but permanently retaining it, hence it is called a permanent magnet.

Static Electricity, also called Frictional or Franklinic.—This, in its simplest form may be exhibited by rubbing briskly a glass rod with silk, when it acquires the property of attracting light substances. If a pith ball be suspended by a silk thread, and the excited glass rod be brought near, it will attract it; after, however, being in contact for a short time, the pith ball also becomes charged with the electricity, and will then be repelled, instead of being attracted by it. This electricity is called vitreous, positive or + electricity.

A piece of sealing-wax rubbed with flannel also acquires the property of attracting light substances. If, now, we bring the excited sealing-wax near the pith-ball charged by the glass rod, it will immediately attract it; however, as soon as it has been in contact long enough to acquire electricity from the wax, repulsion will again occur. This form is called resinous, negative, or — electricity. If we, however, reverse the experiment, and charge the pith-ball with resinous electricity, we find the ball will be repelled by the wax, and attracted by the glass. From these experiments we deduce the law that “unlike electricities attract, like electricities repel.” Frictional electricity may also be developed by cleavage or by pressure. An example of this may be noticed on cleaving a piece of mica in the

dark, when a light is observed at the moment of separation. Each plate may be proved to contain an electricity of an opposite kind. The light seen on breaking a piece of loaf sugar is due to the development of electricity by cleavage. Again, if a thin piece of cork be pressed against a slice of orange, by means of insulating handles, one will exhibit positive and the other negative electricity; these, however, are not the only substances which develop electricity by cleavage or pressure.

These phenomena led to further enquiries, and apparatus more or less perfect was, from time to time, invented to conduct these experiments. The first electric machine was that invented by Otto Von Guericke, of Magdeburg, in 1672, and consisted simply of a globe of sulphur turned on its axis by one hand, and pressed against the other. Subsequently a glass cylinder was substituted for the sulphur ball. In 1740, Winckles made a great improvement, using cushions of horsehair as rubbers. In 1760, Ramsden so far improved on the former machines, as to substitute a circular glass plate for the glass cylinder. He so far perfected the electric machine that those used at the present day are simply modifications of it. The best and latest electric machine is that introduced by Holtz, of Berlin, and invented by him in 1865. This has lately been greatly improved by what is called "The Toepler Modification."

Bodies may be charged with electricity in two ways, viz., by *conduction*—actual contact—and by *induction*—at a distance. In conduction, the body giving the electricity loses a portion of its electricity, whereas in induction it loses none. In conduction, the electricity given to the body is of the same kind as that which gives it, but in induction it is of an opposite kind.

Bodies are divided, as regards their electrical action, into two great groups, viz., *conductors* and *insulators*. *Conductors* are metals, charcoal, graphite, acids, water, &c., &c. *Insulators*, caoutchouc, silk, glass, wax, sulphur, resins, &c., &c.

Certain substances, although they do not conduct electricity, yet allow it to pass through them; they are transparent to electricity, as glass is to light; for instance, if electricity be excited on one side of a plate of glass, the other side will exhibit electrical phenomena. These substances are called *dielectric*.

Electricity spreads itself over the surface of a body, but does not penetrate to its interior.

Electric density, or thickness, is the quantity of electricity on a given surface at a given time.

Electricity tends to accumulate at points, hence lightning rods are made to terminate in sharp points. If a body in the shape of an egg be charged with electricity, the density will be greater at the ends, and greatest at the small end. In circular discs, the density is greatest at the edges.

The electrical machine chiefly used for medical purposes, is very simple, its essential parts being three, viz.: the rubber, the rubber body, and the prime conductor—the rubber being usually a pair of leather cushions, amalgamated with a paste, made of zinc and tin turnings, rubbed down with mercury and lard; the rubbed body, a large circular plate of glass, mounted on a glass axle, and turned by a handle between the cushions; and the prime conductor, usually an insulated metal cylinder, intended to receive the kind of electricity required. This form of electricity is used for medical purposes in three ways, viz.—The electric bath, electrization by sparks, and the Leyden jar. The electric bath is of two kinds, electro-positive and electro-negative. The former increases the vital forces, the latter decreases them. In the electro-positive bath the electricity is gathered from the glass plate, on to the prime conductor, while the negative electricity is carried away by a chain from the cushions to the floor. The patient being placed on an insulated stool or chair, is connected with the prime conductor. The whole surface of the patient's body is thus charged with positive electricity, while the surrounding air is rendered negative. If the electric bath be given in a dark room, a luminous appearance is produced by the escape of electricity into the air. The electro-negative bath is given in the same way, but with this difference, that the negative electricity from the cushions is collected, while the positive is liberated and carried to the ground by a chain. The electro-negative is said to have a debilitating effect, by reducing the natural electricity of the patient, thus acting like blood-letting—the pulse being retarded.

These baths have been found very useful in old standing neuralgias, sciaticas, and unpleasant flutterings about the heart, depending on weak innervation; tremors of the limbs

have been removed by simply charging a patient, as it is called, even when other forms of electricity have failed.

Electrization by sparks.—The patient is charged in the manner just described as an electric bath. The operator bringing his hand near the patient, the same becomes negatively electric. The negative electricity of the hand combines with the positive electricity of the patient; this produces a flash of light, accompanied by a snap, and this is called the electric spark. These sparks may be drawn from the body by metallic conductors, and produce a sharp pricking at the part; if continued, the skin becomes reddened, and white wheals are produced. At some hospitals and in the consulting rooms of electric specialists, a chain or moveable wire is suspended from the ceiling and connected with the ground, to which is attached a brass ball which slides up and down the chain or wire: this is brought close to the patient, about an inch from the spine; the patient is now charged, and the ball passed up and down in a line with the spine; sparks now pass to the ball, and thence to the ground by the wire. In this way a rapid succession of sparks can be obtained. Cavallo has recommended the drawing of the sparks through flannel. If the sparks follow each other rapidly, they may cause slight vibration of the muscles which are close under the skin. This form has been used with success in urticaria, paralysis, chorea, impotence, some kinds of amenorrhœa, and in some spasmodic affections. Static electricity is also very useful in spinal irritation, and in phthisis, &c.

The Leyden jar consists of a glass jar, coated inside and outside with zinc foil to within a quarter of the top; it has a varnished wooden cover, through which passes a wire connected to the foil inside; outside, this wire terminates in a knob. The inside of the jar is charged with electricity by means of the wire: as the glass is dialectric, the outside of the jar also becomes charged with electricity, but of an opposite kind. The jar is now said to be charged. It is discharged when communication takes place between the knob and the outside coating. This takes place with a bright flash of light and a loud report. The discharge is usually effected by means of a discharging rod. This is generally a curved brass rod, terminating in knobs, and provided with insulating handles. For medical purposes it may be used as follows:—A conductor communicates with the

inner surface of the jar, by means of the wire knob, to the part to be electrified; the outer surface is then connected to the opposite side of the part to be electrified; a spark is produced, and the neutralisation of the opposite electricities takes place through the part of the body between the two conductors. A battery of Leyden jars is made by connecting a number of these jars together. By this means a very large quantity of electricity may be stored up.

This form is rarely used for medical purposes.

(*To be continued.*)

Canterbury,

December 24th, 1881.

REVIEWS.

A Letter to the Medical Acts Commission on the Claims of the Homœopathic Public and Homœopathic Physicians to consideration under any new Medical Act. By Dr. WILLIAM BAYES. London: Hamilton, Adams & Co.

WE have had abundant evidence during the last few years of the zeal of our colleague, Dr. Bayes, in the work of propagating homœopathy. In the letter before us additional illustration of his energy in this direction is supplied. The Medical Acts Commission was appointed some time back to collect evidence regarding the amendments and additions which may be required in any new Medical Act, and to report them to the House of Commons. Dr. Bayes has endeavoured to take advantage of the opportunity thus presented to press upon the attention of the Commissioners the claims of all who are interested in homœopathy to some sort of recognition. He has done so simply in his individual capacity, and in this way has been able to bring forward his own views without in the very least compromising any society or association.

There can be no doubt about two things. First, that a much larger proportion of persons desire skilled homœopathic treatment than are able to obtain it. And secondly, that those who do desire homœopathic treatment are entitled to some better guarantee of the competency of those who are supposed to practise homœopathically than they have at present. That both of these points ought to be considered by any Commission enquiring into medical legislation is incontrovertible.

In his letter to the Commission, Dr. Bayes draws attention to these points, offers certain suggestions as to the best means of satisfying the legitimate claims of homœopathists, and concludes

by enforcing them by a brief account of the state of homœopathy in England, the organisation of the London School of Homœopathy, and the condition of homœopathy in the United States, Canada, Spain and France.

The plans which Dr. Bayes submits to the Commission, as those one or other of which would, in his opinion, meet the requirements of homœopaths, are either—

First. The institution of a complete medical school, within which the professors and teachers of medicine and surgery should be men who practise homœopathy. This plan would, we apprehend, involve also a new licensing board.

Second. The appointment of homœopathic lecturers and teachers in certain medical schools or colleges, in addition to those of the ordinary allopathic school. This will, doubtless, be adopted in the future. But its adoption will also require examination in homœopathic therapeutics by the licensing boards. Dr. Wilks, in his speech at the College of Physicians the other day, made the following remark: "There were difficulties in the way of the recognition of homœopathy of a practical kind. A general practitioner, a licentiate of the College, who had been much exercised by the homœopaths, had said to him, that if Fellows of the College consulted with such, he could see no reason why he should not; and what would he do then, supposing he had a homœopathic prescription before him, which he would not know how to read? He would have to ask the College to widen its curriculum, to insist that homœopathy should be taught in the medical schools, and that candidates for the license should be examined in it; so that they might understand such things, and not be placed in a dilemma when they became practitioners." There is really no "practical" difficulty about the carrying out of such a scheme as this. All that is necessary is that the College should exercise a little common sense, show a little higher degree of intelligence than they ordinarily display, and the very excellent plan shadowed forth by Dr. Wilks could easily become *un fait accompli*. So long as medical education does not comprise the study of homœopathy, it is imperfect; and so long as an examination for a medical diploma does not involve an inquiry into the candidate's knowledge of homœopathy, it is inadequate.

Dr. Bayes' third plan is a proposal that the lectures of private lecturers should be recognised as qualifying students to present themselves for examination before the central board.

Dr. Bayes has so completely omitted to define what he means by a private lecturer, that it is not surprising that he should have been generally supposed to have meant that any one should, from the mere fact of his undertaking to lecture, have a claim on the central board for recognition of his lectures. This we

believe is not the case ; but rather that some such plan as that recently proposed by the University of Edinburgh for ascertaining the qualifications of a man for the duties of a private lecturer should be enforced by a suitable authority. These new regulations of the University of Edinburgh were published *in extenso* in the *Medical Press and Circular* of the 21st of December. They are very comprehensive and would ensure the fitness of a man for the duties of private lecturer as completely as anything can do. Such lecturers would be similar to the "*Privat-Docents*" of a German University town, from whom professors are generally selected. To lecturers so appointed no reasonable objection could be made. By this means some movement might be effected towards what Dr. Drysdale terms "recognition."

The whole question involved in Dr. Bayes' *Letter* needs discussion ; and we doubt not but that, in bringing the subject forward as he has done, the first step has been taken towards securing what must eventually be granted, viz., that the subject of homœopathy shall form a part of all medical education, and a knowledge of homœopathy be one of the conditions on which a diploma is granted.

NOTABILIA.

THE RESOLUTION OF THE COLLEGE OF PHYSICIANS.

THE following clever letter from Dr. Dudgeon, regarding the resolution we have discussed at some length in our leading article, appears in the *Medical Times and Gazette* of the 14th inst. :—

"The acknowledged aim and object of this resolution was to pass a censure upon those members of the profession who consider the homœopathic therapeutic rule the best guide for the selection of remedies in their treatment of the sick. This we learn without any doubt whatever from the discussion or conversation that ensued among those present at the meeting. But the resolution has no application to the practitioners aimed at, though it may perhaps hit some practitioners it was never intended for. Practitioners who have studied and who practise homœopathy in preference to any other method, when they meet with cases for which it is adapted, neither assume nor accept the nickname of 'homœopath' that has been bestowed on them, and which is commonly applied to them for the sake of brevity and to avoid circumlocution ; just as we speak of antiseptic surgeons, meaning those who commonly adopt the antiseptic treatment, or as we call one who makes a speciality of electricity.

a "medical electrician." But that is quite a different thing from trading upon a particular designation. We cannot conceal from our colleagues or the world that we have a faith in the homœopathic method, for every prescription we write betrays our therapeutic faith. Nor do we affect any concealment; on the contrary, we endeavour in every legitimate way to convince our colleagues of the excellence of the homœopathic method, and we would justly incur their censure did we keep that method a secret to ourselves. And is not this precisely what the best men of the profession do when they know of a good method or a good remedy? Did Mr. Lister, or his predecessor Dr. Déclat, keep the antiseptic method to himself? On the contrary, he has put it so persistently before the profession and the public, that the method is now very commonly called 'Listerism.' Do those surgeons who practise this 'Listerism' trade on the designation? Certainly they do so, quite as much as those who practise homœopathy. Dr. Wilkes is disgusted that a patient left him for another doctor because the latter 'had a principle guiding his practice.' In like manner a surgeon who did not believe in antiseptic surgery might feel disgusted at being abandoned by a patient who preferred an antiseptic surgeon.

"The resolution passed by the College of Physicians has thus completely missed its aim. If I were a Fellow, Member, or Licentiate of the College, I could subscribe to this resolution with perfect good faith, though I am one of those against whom it is aimed. I neither assume nor accept any other designation than that of 'physician,' and as a physician I yield to no one in upholding 'those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and the public.'

The resolution of the College applies far more to the tribe of specialists in the profession than to those who endeavour to give their patients the benefit of the discovery of Hahnemann. The oculists, aurists, gynæcologists, electricians, *et hoc genus omnes*, trade upon their designations much more than we do. They, of all members of the profession, have a right to complain of the milk-and-water resolution of the College. 'Our withers are unwrung;' the resolution does not affect us.

"Why did not the College adopt Dr. Bucknill's amendment? That at least went to the root of the matter. In declaring that 'no competent medical man can honestly practise the homœopathic system,' it spoke out the sentiments of the great majority of the profession. But there were some objections to passing such an amendment. It so happens that a goodly number of the members or licentiates of the College consider the homœopathic to be the best therapeutic rule out, and practise accordingly. To doubt the competency of those the College had

admitted into its bosom after testing them by examination, would have been to condemn themselves; and to accuse them of dishonesty might have been to bring themselves within measurable distance of an action for libel. The condemnation to a heavy fine of several German doctors who lately indulged in similar imputations on their colleagues who practised 'the so-called homœopathic system' was not very encouraging to those who wished to impugn the honesty of certain of their colleagues. So Dr. Bucknill's amendment was dropped hastily like a hot potato.

"As for consultations between those who know and use the homœopathic method and those who do not, I quite agree with Sir W. Jenner that they are to be deprecated. Like him, 'I go to do the patient good, to ease or prolong his life,' and I should be very unwilling to relinquish what I hold to be the better treatment in order to adopt what I consider the worse. I do not admit that Sir W. Jenner has any monopoly of the wish to do the patient good, but if his good wishes are never disappointed, if the patient about whom he is consulted is never rather the worse than the better for his advice, then he is a much more successful consultant than any I have yet heard of."

To the *Lancet* of the same date, Dr. Dudgeon sent the following communication, which appears in the correspondence columns of that journal.

"The resolution passed unanimously by the members of the Royal College of Physicians at their meeting on the 27th ult. is one that will meet the approbation of almost all practitioners who think with me that the therapeutic law discovered by Hahnemann is the best that has yet been revealed for our guidance in practice. We—that is, those who think as I do on therapeutic matters—as a rule neither assume nor accept any designation implying the adoption of a special mode of treatment, and indeed most of us have protested in our published writings against the habit that prevails among our colleagues and the public of giving us designations of this character. Still we do not hesitate to express our belief on any opportunity that the homœopathic therapeutic rule is the best, some say the only real therapeutic rule that medicine can offer, and we do our best to impress our views on the medical profession. We have certainly our homœopathic societies, for it is a necessity with us to meet and discuss subjects connected with homœopathy, and such subjects are not allowed to be discussed in the ordinary medical societies. We have our special periodicals, for the same reason. But we assume no such designation as that the College of Physicians objects to, and, like the College, we scorn those who trade on such designations. For the sake of brevity, we allow

our adversaries in discussing therapeutic subjects to speak of us who practise homœopathy, when the case seems to admit of it, as 'homœopaths;' but we do not put this name on our cards, our door-plates, or the books we write.

"As regards consultations with those who think differently from us on therapeutic matters, we hold them to be absurd, and quite agree with Sir W. Jenner, that as they can be of no use to the patient, they should not be held. It may be different with respect to consultations for purposes of diagnosis, and as such consultations may be of use to the patient, and there is no reason to suppose there would be any insuperable differences of opinion between the consultants, we do not see why they should not take place if wished by patients.

"It was well the college did not adopt Dr. Bucknill's amendment, impeaching the honesty of those who practise homœopathy, for that would have been to calumniate all those members and licentiates of the College who have adopted the homœopathic method from conviction.

"I rejoice to think that the meeting of the College, which was expected to pass a severe censure on those who take the liberty to think for themselves and to practise the system they think best for their patients, has resulted in the passing of a resolution to which we can all cordially subscribe."

Dr. Bayes, who is an extra-licentiate of the College, has addressed the following letter to Dr. Wilks, the Senior Censor, who moved the resolution in question:—

14th January, 1882.

88, Lansdowne Place,
Brighton.

DEAR SIR—Thanks for your note. I have carefully read the report of your speech, to which I feel it will be needful to reply more fully hereafter. It seems to me altogether an anachronism that a body of educated men should bind themselves together in an endeavour to fetter thought and to impose penalties on men equally educated, whose only difference from themselves lies in a question of therapeutics.

It is of no use to attempt to avoid this point on the pretence that your resolution is aimed at *all* "special treatment," or at the "*avowal*" of any "special treatment."

It is useless to gloss over the real question at issue. It is an attempt to justify the refusal by Sir William Jenner to meet Dr. Kidd in the case of the late Earl of Beaconsfield.

The true point is, whether the *Medical Profession* is to be governed by *laws made by Parliament* or by bye-laws enforced by an arbitrary body of Fellows, which laws are made in private con-

clave, to over-ride by organised attempts the *free will* and judgment of the individual members of the medical profession, and to impose restrictions upon them which are contrary to the whole spirit of the XXIII and other clauses of the Medical Act.

I think you will see, upon reflection, the inconsistency in a *Royal (Chartered)* College, in thus attempting to deprive its members of the liberty given to them by Parliamentary Law; which liberty is essential to the true progress of medical science.

All other issues are futile, and, I may say, short-sighted.

Your resolution of December the 27th may show the necessity of surrounding medical freedom, in science, with further guarantees under the proposed New Medical Act, and so far may do real service; but that is all.

I forward you a letter I have written to the Medical Commissioners, and if you give fair and full consideration to the subject, you will, I hope, admit that a system of medicine numbering among its adherents in England and in other countries, especially in America, so many medical supporters, cannot be put aside as a quackery; nor can the term "dishonest" be applied by "*gentlemen*" to professional brethren who only differ from themselves in a point of therapeutic belief.

I practised the first thirteen years of my professional life (after becoming legally qualified) on the ordinary lines; circumstances drew my attention to the greater curative power of Hahnemann's method, and after careful experiment I adopted it. This is now twenty-five years since, and in spite of all the obstacles and unpleasantnesses thrown in my way by the kind of opposition I have met with, both socially and medically, I have never once seen cause to regret my adoption of the Homœopathic system of therapeutics.

I fully believe in thus acting I was carrying out the highest duty of my profession, as embodied in the words contained in the first proposition in Hahnemann's *Organon of Medicine*.

"The physician's high and *only* mission is to restore the sick to health; to cure, as it is termed."

In following out this direction I believe I have fulfilled the promise which I gave both to the College of Physicians, and to the British Homœopathic Society, to do my uttermost to uphold the honour and dignity of the profession.

Whether I am mistaken or not in my readings of facts, and in my deductions, I claim at least as great a love and reverence for the duties of a physician as any man, and I protest earnestly against any attempt to coerce the liberty of the scientific physician, whether by the *silken thread* of resolutions such as yours, or by the vulgar *cart-rope* which so long bound the members of the enslaved British Medical Association.

In establishing a School of Homœopathy and a Homœopathic

Hospital I believe we are doing our best to winnow out any errors which may have existed or may exist. These institutions are open to the whole profession, and they both shall have my warmest support till they have completed the establishment of Truth and the exposure of Error. In either result you and other earnest physicians ought to help us forward. For myself and my colleagues I claim that we are acting as scientific physicians should do, and using the liberty granted us by the law of England, which you and some others are attempting to deprive us of.

Yours faithfully,

(Signed)

WILLIAM BAYES.

BIRMINGHAM HOMŒOPATHIC HOSPITAL.

We have heard with much pleasure that at a meeting of the trustees of the William Dudley charity, held at Birmingham, on December 28rd, for the purpose of distributing their surplus income in Christmas gifts to charitable institutions—out of the £500 thus awarded, a sum of £200 was devoted to the Homœopathic Hospital.

From a notice of the hospital given in the *Birmingham Daily Post*, we learn that during 1880, 24,000 patients were received, being an increase of 4,000 over 1879. This newspaper adds that “in giving £200 to the Homœopathic Hospital, the trustees have only looked to the simple fact that that hospital is engaged in a good work, and one—apparently from the number of patients applying for relief—of considerable importance to the town, and that it is, therefore, entitled in its turn to share in the benefits of the charity.”

THE MOVEMENT CURE.

On Thursday, the 19th ult., Dr. Roth gave a demonstration of the method of treatment known as the Movement Cure, or Ling's System, to the members of the British Homœopathic Society and some other medical friends.

Dr. Roth commenced the proceedings by a short sketch of the career of Ling, who developed the method. He then described the various gymnastics of Ling as divisible into Educational, Military, Æsthetic and Medical. The various kinds of movements and of *massage* were detailed, and the limited amount of machinery used was shown. In exhibiting the kinds of movements Dr. Roth had the aid of two assistants. He concluded a

most interesting lecture by pointing out the physiological effects of the various movements, including those of the *massage*.

A hearty vote of thanks, proposed by the President of the British Homœopathic Society, seconded by Dr. Dudgeon (V. P.) terminated the proceedings, after which Dr. Roth hospitably entertained his friends at a supper.

LONDON SCHOOL OF HOMŒOPATHY.

List of Subscriptions in support of the London School of Homœopathy, received or promised, to date, 14th January, 1882:—

	£	s.	d.		£	s.	d.
Dr. Hayward	5	5	0	F. Rosher, Esq.	2	2	0
Miss Hodgskins	1	1	0	Dr. Madden	1	1	0
Dr. Baynes	1	1	0	G. Wingfield-Digby, Esq.	2	10	0
W. Bevan, Esq.	3	3	0	Miss Barton	1	1	0
Rev. S. Hildyard	1	1	0	Dr. Matheson... ..	2	2	0
Miss G. Millett	2	2	0	Mr. Wyburn	2	2	0
Miss H. A. Pearson	1	1	0	Dr. Holland	1	1	0
Dr. C. L. Tuckey	1	1	0	Dr. Bayes	3	3	0
Mr. Walbancke Childers	1	1	0	Dr. Burnett	2	2	0
Dr. Bryce	5	0	0	Dr. Dyce Brown	2	2	0
Major Morgan	3	3	0	Dr. Pope... ..	2	2	0
Dr. Dixon	1	1	0	Dr. J. G. Blackley... ..	1	1	0
Mr. A. E. K. Baker	1	1	0	Dr. J. Roche	1	1	0
Rev. E. K. Elliott... ..	1	1	0	T. Moilliet, Esq.	1	0	0
Rev. R. H. Cobbold	1	0	0	A. E. Chambrè, Esq.	1	1	0
Dr. Bodman	1	1	0	W. Davy & Son	1	1	0
Mr. J. Harper	1	1	0	Armbrecht, Nelson & Co.	1	1	0
Mrs. H. Rosher	1	1	0	A. R. Pite, Esq.	2	2	0
Miss Rosher	1	1	0				
G. Rosher, Esq.	5	5	0		£69	7	0
Alfred Rosher, Esq.	1	1	0				

SOCIÉTÉ FRANCAISE D'HYGIENE.

Competitions for 1882.

I.—HYGIENE AND PHYSICAL EDUCATION OF CHILDREN FROM 6 TO 12 YEARS OLD.

Home life, school life, country life, and life in the workshop to be discussed separately.

II.—PERSONAL AND DOMESTIC CLEANLINESS.

A study of personal and domestic cleanliness of rich and poor of both sexes and all ages, in town and country.

General Rules applying to both Competitions.

- 1.—The essays not to exceed 30 to 40 pages of printed matter in 12mo.
- 2.—The essays to be sent, distinguished only by a motto, to the office of the Society, "80, Rue du Dragon," before September 1st, 1882. (Candidates who make themselves known in any way will be excluded from the competitions).

8.—The successful essays become the property of the Society, and will be published either *in extenso*, or in an abridged form, the names of all successful competitors to be in the title page of the published pamphlet, which will be largely circulated.

The above are two distinct competitions, in each of which a gold, silver, and two bronze medals are offered.

Paris, 15th December, 1881.

NOTTINGHAMSHIRE HOMŒOPATHIC INSTITUTION.

WE have received a report of the above useful institution from Dr. STANLEY WILDE. Considering the small number of subscribers, Dr. BRADSHAW and his colleague are to be congratulated on the large number of patients who have availed themselves of the dispensary during the past year, no less than 1,034 having presented themselves for treatment; the number of attendances being 9,245. These figures are no mean total for an institution whose honorary subscriptions only amounted to about £30 for the year.

Dr. Bradshaw having retired from practice, the work of the dispensary has now devolved on his successor, Dr. Stanley Wilde, to whom we wish as successful a career as his honoured predecessor.

It must be gratifying, indeed, to Dr. Bradshaw to know that "he has carried away with him in his retirement the regrets and hearty good wishes of all who were in any way associated with him in his long career of practice in Nottingham; and none have been more earnest in their expressions of gratitude and regard than the poor attending this institution, between whom and Dr. Bradshaw a sincere and mutual attachment existed."

The report draws the attention of local scoffers to the number of patients attending the dispensary, asking whether "patients would attend in such numbers if they derived no benefit therefrom?"

We trust that this institution will continue to flourish in the future, and that the next report may show a still further increase in its already very creditable number of patients.

BRITISH HOMŒOPATHIC SOCIETY.

THE Fifth Ordinary Meeting of the present session will be held on Thursday, February 2nd, 1882, at Seven o'clock.

A paper will be read by Dr. Hayward, of Liverpool, entitled, "The Dose of *Crotalus Venom*;—Toxicological, Pathogenetic and Therapeutic."

Of this contribution the following abstract has been printed, in order to facilitate discussion:—

"That some of the pathogenetic effects are *absolute* and can be produced at will; others are only *contingent*, and can be produced only in some persons. That the different kinds of absolute

symptoms can be produced by different doses, but cannot be produced by infinitesimal doses. The same facts as to some other drugs. That contingent effects *may* be developed by any dose, even infinitesimal: that they bear no relationship to the size of the dose, but depend upon the presence of 'special susceptibility.' Illustrations from other drugs. Special susceptibility. Distinction of symptoms into absolute and contingent, *vide* Dr. Drysdale, in *B. J. H.* xxvi., p. 76.

"That the above facts in pathogenesis may be used as keys to 'the dose' in therapeutics. That contingent symptoms are the sphere of infinitesimal doses; that they can be cured by any and every dose; there being no quantitative relationship here between dose and cure. Contingent symptoms are the most important of all symptoms in a therapeutic point of view, furnishing the 'characteristics' in diseases and in pathogenetics. That special susceptibility is furnished by the natural state of the organism in pathogenetics, but is *induced* by the disease in therapeutics.

"That there is danger of breaking up the particles of the venom by continued dilution, and that the extent of attenuation should be limited by the twelfth centesimal. That there is quantitative relationship between dose and cure in absolute symptoms. That the sixth centesimal should be used for the contingent symptoms, and the lower for the absolute. Illustrations with other drugs."

CORRESPONDENCE.

DR. FRANKLIN ON HYDROCOTYLE.

To the Editors of the "Monthly Homoeopathic Review."

GENTLEMEN,—In the paper of Dr. Franklin's, which you have reprinted in your last issue, there is a grave error, which I ask your permission to correct. It is the statement that Dr. Boileau's cases, reported as cured by *hydrocotyle*, were of lupus, whereas they were really of elephantiasis, as a reference to Dr. Audouit's monograph on the drug will show. The mistake originated with Dr. Helmuth,* and was pointed out in a note to the article on *hydrocotyle* in the fourth edition of my *Pharmacodynamics*. I also called Dr. Franklin's attention to it, on the appearance of his article in the *New York Medical Times*, in a private letter. It should not go any farther.

I fear, however, that the correction will not do much to advance our knowledge of the treatment of elephantiasis itself, as Dr. Boileau could not, in spite of his *hydrocotyle*, avert his own death from this very disease.

I am, Gentlemen,

Faithfully yours,

Brighton, Jan. 18, 1882.

RICHARD HUGHES.

* *System of Surgery*, 4th Ed., p. 136.

NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

CORRECTION.—We have been requested by Dr. ROTH to state that the prize offered for the best essay on the Study of the Causes of Blindness is to be given not as our paragraph might lead people to suppose, by Dr. ROTH himself, but by the Society for the Prevention of Blindness, of which he is (pro tem.) Secretary and Treasurer.

Communications have been received from Dr. ROTH, Dr. COOPER, Dr. BLACKLEY, Dr. CLARK, Captain MAYCOCK, Mr. CHAMBER (London); Dr. BAYES, Dr. HUGHES (Brighton); Dr. HARMAR SMITH (Ramsgate); Dr. BAYNES (Canterbury), &c.

BOOKS RECEIVED.

Chronic Sore Throat. Second edition. By E. B. Shulldham, M.D. London. Gould & Son.

Ophthalmic Therapeutics. By Dr. Norton. New York. Boericke & Tafel.

The Ophthalmoscope. Its Theory and Practical Uses. By C. H. Vilas, M.A., M.D. Chicago. Duncan Bros.

Visiting List and Prescribing Record. Otis Clapp & Son. Boston.

British Journal of Homœopathy.

Dublin Journal of Medical Science.

The Homœopathic World.

The Student's Journal and Hospital Gazette.

The Midland Medical Miscellany.

The Medical News and Collegiate Herald.

Burgoyne's Magazine of Pharmacy and Chemistry.

The New York Medical Times.

The Medical Advance.

Medical Press and Circular. Jan. 18.

The United States Medical Investigator.

The American Observer.

The Medical Counsellor.

The Homœopathic Physician.

The Hahnemannian Monthly.

Martin's Chemist and Druggist's Bulletin. New York.

Bulletin de la Soc. Med. Homœopathique de France.

Bibliothèque Homœopathique.

Revue Homœopathique Belge.

Allgemeine Hom. Zeitung.

El Criterio Medica.

Bolletino Clinico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

HOMŒOPATHY AND THE NEW MEDICAL BILL.

It is expected that, during the present session of Parliament, after the more urgent business has been disposed of, a new Medical Bill will be introduced. The Medical Acts Commission, which was appointed to take evidence on various points on which there was difference of opinion, has concluded its sittings, and sent in its report to Parliament.

Keeping in recollection how vitally important were the provisions for the protection of homœopaths in the Act which is at present in force, and that they were only introduced by members of both Houses in the interests of homœopathy, and after this Bill had been drawn out by men acting in the interests of the old school, it behoves practitioners of homœopathy, and the public who so largely avail themselves of this enlightened and scientific mode of treatment, to consider, at the present juncture, what ought to be the course adopted in regard to the new Bill.

The general opinion, we apprehend, will be that we ought to stand on the *defensive*. One mode of so doing will be, we fancy, advocated by some of our body, namely, to sit still, and let those of the old school who manage

the Bill and pull the wires do as they like, and only interfere when anything subversive of the interests of homœopathy is proposed, when, perhaps, it *may* be too late to prevent mischievous legislation. This is not what we, however, understand by remaining on the defensive. It is simply putting off our uniform, and going to sleep. What every one means in war by acting on the defensive is standing in a strong position, fully armed, and fortifying the camp ready to meet any attack. We have to make sure that we take every means in our power to hold and keep the position we now have, and strengthen it in every possible way. We are so assailed on every side that unless our defensive position is a fully armed one, we must be crushed out. One wing of the opposing army attacks us by telling the public and ourselves that our chief *casus belli* is an ethical one, that while our principle is not objectionable in itself, we hold to the name "homœopathy" and use it for "trade purposes." A second battalion assails us by asserting that our principle is no principle at all, but unscientific, and, in fact, nonsense. On a third side we are told that our doses are absurd and useless, and that our system is, therefore, only quackery; while a fourth wing, the most dangerous of all, make use of our principles and our medicines, while they ignore us altogether, and, still worse, ignore the great founder of homœopathy and his discoveries. These sharpshooters inform the public that there is now no difference between allopathy and homœopathy, and, in fact, that homœopathy does not now exist.

Between these cross fires we have difficulty in holding our own. Spies in the camp hold out the bribe of the loaves and fishes of the old school as an inducement to lower the flag and drop the name of homœopathy. To act on the defensive in such circumstances means the assump-

tion of a fully armed and fortified position, maintained occasionally by sorties into the enemy's camp. To drop metaphor we must, in the first place, resolve to maintain the honoured name of homœopathy. We all agree to fight for the principle and the liberty to practise homœopathy, but we cannot too clearly make it understood that the practice of the homœopath is essentially different from that of the old school, and that while this difference exists, as it must do until our principles and practice become not only generally adopted, but adopted openly and with full recognition of the correctness of both, there must be a name to distinguish the one practice from the other. No better word than the time-honoured one of "homœopathy" has ever been suggested. We, therefore, must retain it, and call ourselves homœopaths, glorying in the name, as indicating our belief that we have found the most important guide in the labyrinth of disease ever discovered, and that, till it is universally recognised, it is an honour to be the custodians of a great truth, and not even to seem to be ashamed of the word descriptive of it.

Next, we must strengthen our defensive position by letting it be as widely known as possible what homœopathy really consists of, and how different it is to that which our opponents choose to describe as such. Besides maintaining our journals, hospitals, and dispensaries, we must keep up the School as a place where those who wish to inquire into the subject can have information given to them, not only as to what homœopathy means, but how to practise it.

Such, we apprehend, is the general feeling as to how we should conduct ourselves at the present juncture; and to give as clear a notion as possible of this, our defensive position, to the Legislature, it was proposed by Dr. BAYES, who is always in the front in energy and activity when an opportunity offers of aiding the cause of homœopathy, to

send a petition to Parliament, to be signed by the members of the profession practising homœopathically, and by those of the laity interested in the spread of this benign system. The form he drew out was submitted to a meeting of medical men, and, with some modifications, adopted as expressing the views and wishes of the new school. This petition will be sent to all practitioners of homœopathy for their approval and signature. The points taken up in the petition are the logical sequence of a determination to maintain the armed defensive position we have described.

The preamble states that our claims deserve serious consideration in the new Bill.

The first clause of the petition prays that the clauses of the Act of 1858, which protected the student holding homœopathic beliefs from being rejected in his examination on that account, be continued; and that, in addition, the right to teach such views be permitted without fear of refusal of recognition by the Medical Council on that score.

2. That it be made illegal to exclude any man from the staff of a hospital or dispensary, or a professorial chair, on account of his holding homœopathic beliefs.

3. That it be made illegal for any medical corporation to pass laws, or bye-laws, advising its members to refuse to consult with homœopaths, as such, or to attempt to enforce any penalties on their members for so doing. In other words, to prevent medical "boycotting."

That full liberty of thought and action shall be permitted in the practice of the profession, and that combinations to prevent this be rendered illegal.

That in the Medical Council homœopathy be fully represented.

That in order to strengthen the hands of the London

School of Homœopathy, a charter of incorporation be granted.

7. That this School should be empowered to grant to those students who satisfactorily pass an examination in homœopathy a diploma or certificate of such knowledge, to be called the "L.H." or Licentiate in Homœopathy.

Lastly, that provision be made for the establishment of new schools of medicine, which are not to be refused recognition on account of theories of practice being there taught other than those at present taught in the schools.

Such claims of the petition seem to us to be only the logical and practical outcome of our determination to hold our ground, and not to be snuffed out or absorbed in any new Medical Bill. The only point in which there may be a difference of opinion, will, we fancy, be the application to empower the School to grant the "L.H." diploma. We may be told that this tends to the keeping up of the sectarian position of homœopathy, or putting it into this position. Now, a little consideration will show that such is not the case. It is not proposed to give this as a license to practise. On the contrary, it is not to be granted to any one who is not legally qualified to practice. It is simply a tangible assurance of the knowledge of homœopathy on the part of any one who professes to practise on this method—merely the official stamp of study and necessary training, while it protects the public from being taken in by a man who, from any motive, professes to practise a system of which he knows nothing. Those who already practise homœopathy are well aware of the amount of study required to do so satisfactorily, and that it can not be taken up by any novice without careful study and training. It behoves them, therefore, to do all in their power to prevent their benign and scientific system being brought into disrepute by men who know nothing of it. It is there-

fore simply a defensive measure—defensive for the already existing practitioners, defensive for the public, and defensive also for the commencing practitioner. The possessor of the “L.H.” is received into the freemasonry of homœopathy as a brother, instead of being regarded with suspicion by the public or the profession. In order to give an immediate value of this nature to the “L.H.,” it is proposed to ask those already in homœopathic practice to apply for the honorary diploma, not to enhance their already existing position, but to serve as an example to the young men, and to render the possession of it by a man commencing practice absolutely necessary, and the non-possession of it a ground of suspicion of his knowledge of this mode of treatment. Unless the main body of the practitioners of homœopathy accept this honorary diploma, any one commencing to practise homœopathically may snap his fingers at it, as being a certificate which very few have or care to have. It is, then, not an aggressive or sectarian move, but simply a measure of defence.

Whether this view of the “L.H.” carry practical conviction to the minds of our confrères or not, we trust that, at all events, they will to a man sign the petition. A petition largely signed will carry great weight, while the reverse will always look like a flag of distress, and seem to show how little we care for the principles we live to promulgate and practise. We are satisfied that the true way to gain the position in the profession at large which we are entitled to, and which we shall have one day, is to maintain an armed resistance, resolved not to yield an iota of what we deem vital in the honourable struggle we have so long maintained, while weak knees and indifference to our claims will only end in annihilation, and consequent retrogression of medical science.

POSIOLOGY IN RELATION TO HOMŒOPATHY.*

By ALFRED C. POPE, M.D.

President of the British Homœopathic Society. Lecturer on *Materia Medica* at the London School of Homœopathy.

On Monday last I discussed the method of ascertaining the effects of drugs with the view of utilising them in the treatment of disease, and also endeavoured to explain the action—the *modus operandi*—of a homœopathically selected medicine. To-day, I propose to consider the question of the dose in which such a medicine should be prescribed.

The size of dose in which medicines are given is, *cæteris paribus* and within certain limits, contingent upon the principle on which they are selected. Thus an analeptic remedy is given in a dose capable of being easily digested, or in one adequate to produce that degree of stimulation which is required. An anti-parasitic must be applied in a quantity such as experiment has shown will render germ life impossible, and a vermicide should be administered with reference to the species of worm it is desired to get rid of; an empirical medicine should be prescribed in that dose in which it first acquired its reputation; one that is antipathic or allopathic requires to be given in as large a quantity as is sufficient to excite the abnormal action it is designed to promote; while, of a homœopathically selected remedy, a quantity must be given smaller than that which will suffice to excite the pathogenetic action of the drug.

Such, then, are the principles of posiology. It now becomes our business to enquire more particularly into the dosage which is desirable—that which has been found most advisable in practice, when a homœopathically selected medicine is prescribed.

The general principle which I have just laid down is undoubtedly sound, but we have to learn how much smaller than that necessary to excite pathogenetic effects *may* the dose be, and how much smaller *should* it be.

The infinitesimally small doses in which, from comparatively early in the history of homœopathy, medicines have been prescribed, has led many to suppose that they were necessary, were essential to the carrying out of the principle. That this is contrary to fact has now been abun-

* Delivered at the London School of Homœopathy, October 18th, 1881.

dantly proven. Between the requisite smallness and the possible smallness is a very wide range indeed; while between this, and that degree of minuteness it has been sought to obtain, the range is very much more considerable still.

Hahnemann,* during the first four or five years in which he treated disease homœopathically, used 3-4 grain doses of such medicines as *nux vomica* and *veratrum album*; *arnica* in a few grains; of *ignatia*, 3 to 7 grains; of *opium*, from 1-5th to $\frac{1}{2}$ a grain; *camphor*, in from 30 to 40 grains; *ledum palustri*, in from 6 to 7 grains; *cinchona*, in half drachm and drachm doses. After this time we find him giving *belladonna* in the 432,000th of a grain, and some other medicines in similarly small proportions.† In 1806, he writes of hundredths, thousandths, and millionths of an ordinary dose.‡ From this time forwards he gradually diminished his dose, until in 1829 he arrived at the conclusion that the 30th dilution or the decillionth part of a grain was the best possible dose in all cases.§ Albeit, this is dogmatically stated in the *Organon* as applying to *all* medicines, it is, at the same time, perfectly clear that he recognised exceptions, for in 1831, when writing his directions for the treatment of cholera|| he directed *camphor* to be given in two or three drop doses of a solution of one part of *camphor* to six of *alcohol*, and repeated every few minutes. Indeed, throughout the whole thirty-five years, during which he had been gradually giving less and less medicine, whenever *camphor* is referred to, it is always directed to be given in such a dose.

Hahnemann rests his claim to pronounce thus dogmatically on the size of the dose upon his "experience." On no better basis could a conclusion of this kind rest. By no other means than by experiment can we learn the proper dose of any medicine. At the same time, in order that we may accept a conclusion so broadly and unreservedly expressed, one which must inevitably be influenced by so

* *Lesser Writings*.—Essays published from 1797-1800. London: Headland.

† On the Cure and Prevention of Scarlet Fever.—*Lesser Writings*.

‡ The Medicine of Experience.—*Lesser Writings*.

§ *The Organon of Medicine*. Fifth Edition. Note to § cccxvi, page 289. Dudgeon's Translation.

|| On the Cure and Prevention of Asiatic Cholera. 1831.—*Lesser Writings*.

many and such various circumstances, we ought to be in a position to examine this experience. We should like to read the notes of some of those cases which convinced Hahnemann that his early doses were excessive. Unfortunately, we are not in a position to do this. Two cases, and two only, were left by him.* The one is a case cured by drop doses of the pure tincture of *bryonia*, the other, one where the 12th dilution of *pulsatilla* was used. Not having the evidence before us that satisfied him, we are unable to form an estimate of its value. Hahnemann's experience is one we cannot criticise, and therefore cannot appreciate the force of. However justifiably we may appeal to it in support of general propositions, it is not available to demonstrate such as are particular. It points to the general adequacy of homœopathy to meet the necessities of disease, so far as the administration of medicine is concerned, and it affords abundant reason for putting homœopathy to the test of clinical investigation. But it does not supply us with evidence that the 30th dilution is the proper dose under every circumstance. On the contrary, it is impossible to study *all* his directions about the dose without being struck with the frequent contradictions in which he involves himself; the hasty conclusions, so emphatically pronounced, at which he occasionally arrives, and the marked influence which theoretical speculations of doubtful validity exercised on all his practical work.

Hence, I conclude that, not only are we not, as homœopathically practising physicians, bound by the conclusions arrived at by Hahnemann, but we ought not, in justice to ourselves or to medical science, to rest satisfied with his teaching on the question of the dose. On the contrary, it is our duty to bring to bear upon its solution, the observations of all who have carefully examined and recorded the results of their experience in the use of homœopathically selected medicines.

Taking it then as proved that the curative dose of a homœopathically selected remedy is smaller than one that is pathogenetic, I will proceed to consider the circumstances which general experience has served to show may in some measure regulate the degree of smallness.

* *Materia Medica Pura*, vol. i., page 20-23. Hahnemann Publishing Society's Translation.

The size of the dose will be influenced by circumstances having reference to the patient, to the disease, and to the medicine.

1. The Patient. Experience has fully proved how variously different individuals are affected by certain medicines; and not only so, but in some instances a person will be markedly affected by a given drug in a certain dose at one time, while on another occasion he will be quite insusceptible to its action in such a quantity. In disease, again, special susceptibility exists in certain organs to drugs for which they possess an elective affinity. Thus a medicine which in a healthy person will excite congestion of the kidney, will, in one suffering from this condition, act upon the kidney in a much smaller dose than it would do in health. The kidney has, through being congested, become especially sensitive to the influence of that drug.

Temperament, too, modifies individual susceptibility to the action of drugs. Thus Trinks says that the melancholic, sanguine, and choleric temperaments display the greatest susceptibility, the lymphatic the least; and all writers agree in recognising the fact of the existence of special sensibility to medicinal action in persons of a nervous temperament.

Sex and age both modify the degree of susceptibility to the action of medicine. *Cæteris paribus* the female and the two extremes of life are more easily acted upon than the male and the middle-aged.

Climate, again, has been found to be a factor in determining medicinal power. A very dry climate increases susceptibility to medicinal influence, while in one that is damp it is diminished.

Occupation, diet, indulgence in the use of stimulants and narcotics, the long continued or habitual use of drugs, such as opium or tobacco, all tend to modify the power of resistance to the action of drugs.

These reflections will serve to show how impossible it is that one dose should be suitable to all persons, and how certain it becomes, that in determining a dose of medicine, we must take into account the constitutional disposition and social habits of a patient, as well as the locality in which he lives. In short, in considering the dose of the medicine we propose to give, we must endeavour to form an estimate of the effect the circumstances amid which a

patient lives is likely to have upon his power of resistance to drugs in general, as well as to certain drugs in particular.

2. The nature of disease has its influence in determining the dose. No rule has met with more general acceptance than that which enjoins the use of low dilutions, and even small doses of the crude drug, in acute, and of infinitesimals, properly so called, in chronic disease.

The late Dr. Phillips, of Manchester, read a paper at the Congress, held at Edinburgh, in 1852, in which he argued the general propriety of this rule. He based his advocacy of it on his having, in the course of a somewhat extensive experience, compared the effects of different dilutions of the same medicine in persons liable to occasional attacks of the same form of disease, such as ulcerated sore throat, acute dyspeptic headache, &c. In chronic disease, he adduced clinical evidence to show that the same medicines which had failed to give any relief in the 3rd and 6th dilution, had proved curative in the 30th.*

The late Dr. Trinks,† a highly practical physician, thought that, with a few exceptions, this rule was a correct one. Ægidi and Clotar Müller, of Leipsic, on the other hand, doubted its value; while the late Dr. Carroll Dunham,‡ of New York, contended that the highest dilutions were preferable to—more rapidly curative than the low, both in acute and in chronic disease. And only a few days ago, I met at a consultation in the country, a physician, who I know to be a singularly careful practitioner, and he assured me that his most marked success in acute disease had been obtained with medicine in comparatively high dilutions, such as 6th and 12th.

Going from generals to particulars, we find Dr. Neidhard,§ of Philadelphia, saying that his experience pointed to the special adaptability of the higher and highest dilutions to all diseases of the brain, spine, and nervous system, and as a general rule, to diseases of the skin; while the lower dilutions and material preparations he had found more useful in diseases of mucous membrane, particularly that of the bronchi and lungs; that all chronic diseases of

* *British Journal of Homoeopathy*, vol. x., p. 660.

† *Est. Zeitsch.*, pp. 1, 3, 236.

‡ On the use of High and Low Potencies in the Treatment of Disease. *American Homoeopathic Review*, vol. iv.

§ *British Journal of Homoeopathy*, vol. xxvii., p. 588.

the liver require the largest doses, and that syphilitic disease he had never been able to cure without the employment of the lower preparations.

Dr. Trinks,* who always manifested a preference for the lower dilutions, regarded the nature and character of disease, rather than its situation, as a determining circumstance. Diseases that display in all their phenomena great energy, and intensity and rapidity of evolution, attack the most important organs, betray much malignancy, and threaten the integrity of the whole organism or of certain parts of it, demand, he says, an energetic and rapid medicinal influence. Higher dilutions he seems only to regard as useful in some cases of hysteria and neuralgia, in some spasmodic affections, and chronic gout.

Dr. Sharp thinks that "different doses of the same drug are sometimes characterised . . . by acting upon different organs."† This seems to me to be likely, with careful study, to prove a somewhat fruitful idea, and certainly it is one that is deserving of much more examination than it has yet received. It is perfectly possible to examine the provings of the Austrian Provers' Society, for example, and note the organs which, with different doses of the same medicine, give rise to symptoms. So, too, with drugs like *arsenic* and *mercury*, for instance, of which examples of their action upon the body may be met with from doses of very wide degrees of magnitude. Well worked out, on a somewhat considerable scale, I think this view of Dr. Sharp's would do much towards enabling us to regulate our posology, with far greater accuracy than we can do at present.

Then Dr. Henry Madden has endeavoured to show "that different doses of the same drug will be found suitable to different phases of the action of that drug."‡ That is to say that a medicine, the pathogenesis of which may bear a likeness to several forms of disease, will meet each in a different dilution, far better than it will in one that is uniform. What Dr. Sharp's suggestion is from the physiological side, Dr. Madden's is from the pathological. The latter has also a hopeful look about it; and perhaps, if a very extensive series of observations of the necessary kind

* Dr. Dudgeon's *Lectures on Homœopathy*, p. 424.

† *Homœopathic Review*, vol. xi., p. 741.

‡ *British Journal of Homœopathy*, vol. xxvi.

could be made, it might have a practical value. At present the evidence respecting it is contradictory; for example, Dr. Bayes* and Dr. Madden have both asserted that the 12th dilution of *chamomilla* is that best adapted to meet those cases of reflex irritability of the gastric and intestinal mucous membranes in childhood for which it is indicated. On the other hand, Dr. Hirsch strongly recommends a weak infusion of the flowers in such cases.† Again, Dr. Bayes regards the 18th dilution of *bryonia* as that which is most useful in acute rheumatism;‡ while Dr. Yeldham thinks that one, two, or three drop doses of the pure tincture none too much; and Dr. Black and others tell us that the 1st, 2nd, and 3rd dec. are far more useful than a higher dilution. In Dr. Bayes' very excellent work on *Applied Homœopathy*, he has endeavoured to work out this line of thought, and has, in referring to each form of disease influenced by a given medicine, stated the dose or dilution in which he has found it to be most serviceable.

From what I have now laid before you, you will see how much thought has been brought to bear upon the determination of the very difficult question, What is the *best* dose of a homœopathically indicated medicine? How various are the views held regarding it! And yet, if you read books such as Simpson's *Homœopathy, its Tenets and Tendencies*, you will be led to believe that a globule of the 30th dilution is the one dose used by all homœopaths. And until quite recently such was the teaching of the medical Press. Some years ago the *Lancet*, in order to put the misrepresentation concisely, invented the term "globulists," to designate physicians practising homœopathy. And yet, notwithstanding all the discussion and all our experience, all we learn from the evidence is, in the first place, that such or such a medicine has been found useful in a very wide variety of dose; and secondly, that there has during the last five-and-twenty years been a growing conviction that the lower dilutions—preparations containing the 10th, the 100th, and the 1,000th part of a grain or drop of the original substance are more generally applicable to meet the necessities of disease—especially of such as are acute—than are more infinitesimal quantities.

* *Applied Homœopathy*. London: Turner & Co.

† *British Journal of Homœopathy*, vol. xxv., p. 392.

‡ *Op. cit.*

Thirdly, we have to enquire how far the dose is influenced by the medicine itself.

That certain medicines are more serviceable in a low dilution, or even in the crude state, while others are so in high dilutions, is a proposition which has met with a large amount of consent from practical writers. Hahnemann himself, before he had committed himself to the statement that the 30th dilution was the best in all cases, recognised this as may be seen in his *Materia Medica Pura*. Thus, *guaiacum* is ordered in drop doses of the pure tincture, *camphor* in the eighth of a grain, *sarsaparilla* in the pure tincture, *sulphur*, *hepar sulphuris*, and *argentum* in grain doses of the 2nd trituration, *euphrasia*, *menyanthes*, and *sambucus* in the pure tincture, so too *taraxacum*, *ipêcacuanha* in the 3rd dilution, *stramonium* in the 9th, *digitalis* in the 15th, *arsenic* in the 30th, *belladonna* in the 30th; and so on. There was, until 1829, a great variety in the dilutions advised by Hahnemann. Dr. Goullon, in an essay on the dose, published in the *British Journal of Homœopathy* five-and-thirty years ago, says that certain medicines act equally well in the undiluted state and in the 30th dilution. Others, again, require dilutions before they will evince medicinal properties; while a third class must be given in the 1st or 2nd dilution or in the pure tincture to produce any effect at all. Dr. Hirsch* also says that his experience assures him that certain medicines manifest their healing virtues better in an undiluted state, while others act more promptly in dilution. So also with Trinks.† He divides the *Materia Medica* into three classes: one comprising medicines that ought to be given in the high dilutions, one in which the medium dilutions should be used, and a third composed of those which are best prescribed in the lowest dilutions, or in the pure substance.

Of medicines which require trituration before evincing medicinal properties at all, are such as *lime*, *silica*, *lycopodium*, and common salt. With regard to *lycopodium*, the explanation of the necessity for this trituration is easily found. An examination of the *lycopodium* powder shows that it is made up of a number of little particles about the eight-hundredth of an inch in diameter, having all the

* *Loc. cit.*

† Dudgeon's *Lectures on Homœopathy*.

shape and firmness of a nut. After prolonged trituration in an agate mortar, these dense particles are fractured, and their contents—oil globules—dispersed. It is in this oleaginous matter that the medicinal power of *lycopodium* is believed to reside. Mr. Isaac Thompson, of Liverpool,* who drew attention to this fact some years ago, found that, for complete fracture of all the particles, trituration with sugar of milk required to be prolonged for two hours. In preparing a tincture ether is essential.

With regard to the other substances named, an explanation of their having medicinal influence after prolonged trituration, and either none or at all, or very little in their crude state, and of the further fact, that they manifest their medicinal properties, even when very highly diluted, the interpretation is not so easy. Hahnemann, in his desire to account for the facts, advanced the doctrine known as dynamisation, or development of properties. He held that prolonged trituration and succession increased and developed latent medicinal properties.

Unfortunately, he associated with this, in itself, not improbable theory the idea that the development of properties produced by trituration, proceeded at so great a rate that diminution of matter became essential to prevent over-action of the drug, and this to a very extreme degree of infinitesimality. While there is, as I shall show presently, a *prima facie* probability of prolonged trituration developing latent force, that it renders actual that which previously was potential, there is no evidence whatever that any advantage accrues, any additional development of properties obtains, by any extensive diminution of dose, or any very lengthy trituration.

Of the fact that, in a well triturated and diluted state, such substances as those I have named do possess medicinal power, I have not the shadow of a doubt. My own clinical experience, and that of all homœopathic physicians, assure me that they have. While it only remains for those who doubt their having such properties, to try these medicines in cases to which they are homœopathic to have the same assurance.

The effect of prolonged rubbing upon some substances, which, in their ordinary state, are for all practical purposes inert, is, as I have said, to develop latent force, and by so

* *British Journal of Homœopathy*, vol. xxxiv., p. 188.

doing to admit of the display of medicinal action enabling the drug to influence tissue. This view is well set forth by Mr. Sonstadt, in a paper published in the *Homœopathic Review* (vol. xiv.), in which he discussed the effects of trituration upon matter. Every molecule of all simple or chemically combined substances, he writes, when "in its entire state contains most of its energy in a closed circuit (somewhat as does a magnet with its keeper on), and while in this state, so much of its energy is potential, not actual. Every such molecule may be torn asunder, and, when divided, the energy before latent becomes apparent as force, and able to do work." After some comment on this, he goes on to say, "In the homœopathic triturations, at a certain stage of the process, the molecules are torn asunder by mechanical force (or by forces engendered by mechanical force), and retained asunder, thereby keeping an active virtue which appears only momentarily in chemical processes." The whole advantage then of trituration, according to this theory, consists in the setting free of latent force by mechanical molecular rupture. If this be so, trituration beyond the 6th decimal would not seem to be necessary; while trituration on the decimal scale would be more effective than it is on the centesimal scale. Both these conclusions are, I think, justified by clinical experience.

Again, the class of symptoms has been thought to give a clue to the right dose. Thus Dr. Drysdale divides the symptoms producible by a drug into such as are absolute and those which are contingent. The former include such as are produced at will, those that will occur in almost everyone who takes the drug in a full dose; while the latter are symptoms which will occur only in persons specially susceptible to the action of that drug. In prescribing to meet symptoms of the former class, Dr. Drysdale is of opinion that we should keep as little below the physiological dose as will allow of our avoiding any aggravation; while, when the symptoms are of the contingent order, the dilution should be high; but he, at the same time, says that the sixth is high enough. While there is much probability in the truth of this suggestion, it is, after all, only a more exact way of stating the empirical rule of low dilution in acute, and high dilution in chronic disease.

From this part of our subject we may infer, then, that

experience has shown that, within certain limits, different medicines act better in different doses. This, from what we know of the varying degree of activity in different medicines taken in health, is what might be anticipated.

Our examination of this question so far has shown us that, beyond the very rough rule that our dose in each instance should be one smaller than the physiological or pathogenetic, there is, in the meantime, no sure guide to the selection of the exact or precise dose.

Practically, our business as physicians is to prescribe medicine in sufficient and not excessive quantities. How, then, are we to determine what is sufficient and what is excessive?

The only justification that can be urged for using medicine in a highly diluted form is the *necessity* for doing so. If a high dilution is unnecessary, if as good results can be obtained, I will not say uniformly, but generally, with small doses of the crude substance, or with the lower dilutions, as with such as are high, there are, I think, good sound reasons to be urged why we should prefer the former. It is perfectly true that medicines, in what may be termed the higher dilutions, are capable, when homœopathically selected, of curing disease, and that rapidly. All the earlier triumphs of homœopathy were won with medicine given in this form. But that is not sufficient to justify our persisting in confining ourselves to their use, if it can be shown that more material quantities act equally well.

Preference, I think, should be given to the lower dilutions where these are of equal therapeutic value with the higher, because the delicacy of the latter renders them especially exposed to sources of injury from physical causes, such as light, exposure to the air, and so on. These, of course, can be guarded against by care, but such sensitive agents are ever of doubtful integrity, and it is undesirable to add to possible causes of disappointment already existing in using a medicine.

Again, it is a matter of great interest and satisfaction that the dose of medicine we prescribe should be capable of physical demonstration. The researches which have been made of later years by Dr. Conrad Wesselhoft, of Boston, Dr. Edward Smith, of Cleveland, and others, have shown that beyond the twelfth dilution it is impossible to

demonstrate the presence of matter.* That it exists in some form or other in higher dilutions than this, clinical evidence of the power to control disease of far higher dilutions than the twelfth assures me. But, below the twelfth, we have it in our power to demonstrate the presence of drug matter. And this, I maintain, is a very important position for us to hold; while the nearer we get to the crude substance the greater the control we have over the purity of the preparations we employ. That we should be able to examine and test our pharmaceutical preparations is, I apprehend, a matter of serious importance. In using the lower dilutions we have this power; when employing the higher we are entirely destitute of it.

Further, every medical man who knows and feels that homœopathy is true is, before all things, anxious that his medical brethren who are ignorant of its method should test it—test it clinically. The existence of this School is evidence that such is our desire. Our literature is sustained to this end. If, then, we create a stumbling-block in the way of the professional examination of homœopathy by maintaining the importance of a dose so infinitesimal as to render its existence almost incredible—*when so small a dose, however sufficient, is unnecessary*—we are, I think, impeding the progress of therapeutics, and diminishing the value of our special work.

I would be the last man to advocate any denial, or apparent denial, of that which is essential to the development of truth in order to increase the rate at which an appreciation of homœopathy is advancing in the profession. At the same time, so firmly convinced am I of the supreme importance of homœopathy as a method of drug selection; so sure am I that, after a certain point has been reached, and thence within certain moderate and very tangible limits, the size of the dose is of comparatively small importance in any but exceptional instances, that I think we are perfectly justified in laying stress upon, and attaching importance to, *only that degree of drug attenuation which has been proved to be necessary* in order to avoid aggravation, and to ensure that the amount of tissue stimulation we desire to evoke will not be exceeded.

* Transactions of the American Institute of Homœopathy, 1879 and 1880.

In considering what is necessary in the matter of dosage, we can but appeal to the experience of men who have practised homœopathy, using during a long series of years well nigh every variety of dilution and of dose. Of preparations called "potencies," and described as the 1,000th, the 10,000th, and the 100,000th, and so on, I have nothing whatever to say. This simply because I have yet to be convinced that such dilutions were ever made in the sense in which we have the third, the sixth, or the twelfth. To make the millionth dilution of one medicine, after Hahnemann's manner—and no other is reliable—would occupy more than a year of time, devoting twelve hours a day and six days a week to the occupation. Further, Dr. Burdick, of New York, has conclusively shown, by elaborate calculations and microscopical investigations, that such is the mode of preparation adopted in making these "potencies," that the so-called millionth potency of Dr. Swan "cannot exceed the tenth centesimal of Hahnemann, and is liable to be much lower."

The observers to whom I propose to refer in assisting us in determining the necessary dose are physicians who have used the crude drug, and dilutions up to the thirtieth.

In the first place let me lay before you the conclusions arrived at by Dr. Wilhelm Arnold, of Heidelberg, who, writing thirty years ago, gave the following as the results of his twenty years' practice of homœopathy:—

"After," he says, "I was convinced of the truth of Hahnemann's law of cure, I deemed it my duty to listen to the repeatedly expressed desire of the Reformer, and repeat his experiments exactly. As far as the doses were concerned, I did this with great unwillingness, and with great scepticism as to the results. Nevertheless I saw not a few cases recover after the administration of medicines in the tenth, twentieth, and even thirtieth centesimal dilution. I observed not only speedy cure of acute disease, but also frequently a remarkable change in many chronic cases. I grant readily that many of the cures which encouraged me in the commencement of my homœopathic experiments were not due to the small doses of medicine; but that all the results are to be ascribed to the healing power of nature alone, I can by no means convince myself, even with all the forces of scepticism. I saw in not a few cases which had resisted

the most different modes of treatment, cure take place after a small dose of a carefully-chosen homœopathic medicine. In not a few cases, however, I waited in vain for any curative result from the small doses; but nevertheless, distrusting myself rather than the precepts of Hahnemann, I at first sought the cause of failure, not in the insufficiency of the dose, but in error in the choice of the medicine. This brought on me many cares and troubles, until I saw myself obliged to descend to lower dilutions. I was soon convinced that these yielded much more certain results, without the so-much-dreaded disadvantages. In this manner, guided by experience, I arrived step by step at the position that it is never necessary to administer medicine in any dilution or trituration higher than the sixth dec. (third cent.), and I have never had to complain of any hurtful collateral action, or any primary action, that disturbed the cure. But I must add that it is only very seldom, and with very powerful medicines, and in very susceptible patients, that I ever go as high as the fifth or sixth dec. dilution, that in general I confine myself to the first or second dilution or trituration, though not unfrequently I find it necessary to go up to the third or fourth dec. dilution for these purposes. In the six lowest decimal dilutions and triturations I consider that we possess a scale suitable to afford the corresponding doses for all the present known diseases.

In a period of ten years I have never found it necessary to go above the sixth dec. dilution, but I have often been obliged to give the specific remedy in stronger doses, such as several drops of the pure tincture, or one-fourth, one, or even several grains of the original preparation.”*

Then, again, Dr. Black writes, after thirty years' experience, and says: “I began the practice of homœopathy by using the higher dilutions, encouraged by the personal exhortations of Hahnemann; but the exigencies of practice soon led me to reduce the scale. I now think the suitable therapeutic dose so near that dose which can excite physiological action in the healthy body, that a range from the crude substance to the third centesimal dilution is amply sufficient to meet all the requirements of practice.”† So,

* *Das Rationell Specifiche oder Idiopathische Heilverfahren, &c.*, by Dr. Wilhelm Arnold, Heidelberg, 1851.

† *British Journal of Homœopathy*, vol. xxix., p. 581.

also, Dr. Drysdale, who has frequently described the sixth dilution as that beyond which it is never necessary to go.

Dr. Yeldham, who has for many years evinced a great interest in the discussion of suitable doses, rarely, I believe, thinks it necessary to give a smaller dose than a few drops of the third decimal.

Then, again, among medical men who do not recognise the homœopathic principle as a basis of drug selection, but who, nevertheless, prescribe homœopathically with increasing frequency from year to year, we find that their homœopathic prescriptions answer admirably well, when they restrict themselves to small doses of the crude drug. Thus drop doses of *ipêcacuanha* answer perfectly in the cases of vomiting, to which that medicine is homœopathic; so, too, does *cantharides*, in drop doses, in cystitis; similar quantities of *aconite* in inflammatory fever are equally serviceable. The results thus achieved are at least as good as those we secure with dilutions of the same drugs. Are we to decline to profit by experience of this sort because it comes from men who, while anathematising us when they preach, imitate us so considerably when they practise? Certainly not—*Fas est ab hoste doceri!*

When, however, gentlemen make use of a homœopathically indicated medicine in a dose suited to fulfil anti-pathic indications, they generally come to grief as signally as did a friend of mine who gave a drachm of the tincture of *gelsemium* to a lady suffering from a headache very similar to that *gelsemium* will produce.

It is possible enough that now and again in especially susceptible people there is a risk of producing aggravation of, or increase in the symptoms present from the use of doses of the strength I just now referred to; but after all the risk is not great, and the result of no real consequence when it does occur. The remark of Hahnemann in one of his earliest papers, that "scarlet fever is a much more serious evil than a few troublesome symptoms produced by somewhat too large a dose of *belladonna*," may be applied to all diseases and all medicines.

Then, gentlemen, I conclude that experience does not endorse the necessity, in order to carry out the homœopathic principle of drug selection, of infinitesimal doses. It does, indeed, assure us that very small doses are necessary; that doses much smaller than those which are

required when a drug is antipathically or allopathically chosen, are really essential. But in prescribing there is no absolute need to go beyond the range in which physical tests will determine the presence of matter.

It would, however, appear that it is impossible to speak absolutely on this matter of the dose. For I think it is the experience of most homœopathic physicians, who have not committed themselves to any distinct line on this question, that now and again cases do occur which will not respond to any but a high dilution. How to recognise them I cannot instruct you ; that they do occur I feel sure, and that they are very rare I am equally certain. Hence, I think that it is good practice, when prescribing a carefully selected medicine, to give it in a small, but not necessarily infinitesimal, dose ; and should no good result follow, and a re-examination of the case convince you that the medicine chosen is thoroughly homœopathic—change the dilution rather than the medicine, giving it higher or lower as the circumstances may seem to indicate. Because, however, the lower dilutions are more generally useful, and because those which are higher are not necessary to the carrying out of the homœopathic principle of selection when prescribing, do not lose sight of the higher dilutions. They will occasionally help you when you may least expect help from such a source.

In conclusion, then, I think that when prescribing homœopathically you will generally find the most suitable dose to be one or two drops of the second or third decimal—that is to say, about the 100th or 1,000th of a grain ; while a few medicines require to be given in the crude state. In certain cases of disease, when susceptibility to specific medication is considerable, you will find it to your advantage to give much less medicine and to prescribe the sixth decimal, or even the sixth centesimal. Similar variations in dosage will also be necessitated by the circumstances and habits of a patient, and also by the nature of the drug itself. Rarely, too, you will find it necessary to resort to one of those higher dilutions, whose power to influence disease Hahnemann was the first to recognise.

Finally, I would commend to those who are anxious to do good service in endeavouring to determine the questions involved in the consideration of the best dose of a homœopathically selected medicine, the study of the effects of

drugs on the healthy from different doses. The materials abound for such enquiries in numerous recorded cases of poisoning and over-dosing.

From such a study as this we might derive some principle directing the selection of an accurately suitable dose. At present we have none.

21, Henrietta Street,
Cavendish Square, W.

CLINICAL NOTES FROM THE LONDON HOMŒOPATHIC HOSPITAL.

Reported by G. SCRIVEN, B.A., M.B., B.Ch., Trinity
College, Dublin, Resident Medical Officer.

THE following three cases are of interest individually, but their interest is much enhanced when they are considered in relation to each other, and to the common origin of the different forms of disease in all. Before relating each case in detail, it may therefore be well to consider the circumstances under which they all occurred, as illustrating how from the same unhealthy conditions of life different diseases arise in different individuals.

The three patients referred to live in the same house, which is let in flats, or single rooms, the unsanitary state of which is unpleasantly obvious to the most casual olfactory observation. On the basement resides a woman whose contempt for sanitary science is shown by keeping a large bucket for the reception of various household filth in a convenient corner of her apartment; this bucket is not emptied till it is incapable of containing another ounce of "slops" or another scrap of refuse.

The ground floor is occupied by a family consisting of father, mother, and eight children, of whom the mother and one child furnish two of the cases above referred to.

The mother, thirty-five years of age, after suffering for some time from symptoms of an indefinite character, was admitted to the hospital, and went through a well-marked attack of diphtheria.

The child, seven years old, admitted to hospital a few days after the mother, suffered from typhoid fever.

The third case was that of a woman twenty-seven years of age, who, with her husband and two young children,

lived in one room on the first floor of the same house ; she was admitted to hospital a week after the last patient. In her the disease took the form of bronchitis, of an acute type, characterised by much greater febrile excitement than is usual in ordinary forms of this disease, by very marked depression and adynamia, and by the appearance for a few days of a petechial purpuric eruption most marked on the limbs, but scattered also over the abdomen and chest.

Such being a general outline of these cases in their relation to each other and their common origin, we will now proceed to a detailed account of each.

CASE I.

L. P., aged thirty-five, married, eight children, was admitted to the London Homœopathic Hospital, under Dr. Blackley, on Nov. 28th, 1881, with the following history and symptoms:—

About three weeks ago, just before the catamenial period, she felt pains in her shoulders and sides of an aching character, and sudden sharp pains from time to time in her limbs. During this "period" she thinks that she caught cold, as, on the cessation of the menstrual discharge, she suffered from attacks of shivering, followed by flushes of heat, and from severe frontal headache. On Nov. 26th she became so much worse that she was obliged to go to bed, suffering from shivering and "pains all over." Next day she was worse, and sent for the house-surgeon of the London Homœopathic Hospital, who found her complaining of the foregoing symptoms ; temperature 102 ; pulse 92 ; tongue smooth, and inclined to be dry. There was great tenderness on pressure over the abdomen, especially in the middle line. Ordered *Acon.* 1 x, *Bryon.* 1 x, *mj. alty.* 2 hrs.

On the 28th she was no better, and was admitted to the hospital under care of Dr. Blackley, when the following notes were taken:—Patient complains of severe pain all over the abdomen, which is very tender, especially in the middle line ; pain in the back ; severe frontal headache. The tongue is coated, except at the tip, which is bright red. There are no spots on the abdomen, and no gurgling or special tenderness on pressure in the iliac fossa ; the spleen is normal in size. She states that there has been no action of the bowels for three days. Examination per vaginam showed that the uterus was normal in position, but

somewhat fixed, and very tender on pressure; there was no ovarian tenderness or enlargement. Temp. 102; pulse, 92, weak. Ordered milk and beef tea, and to continue *Bry.* and *Acon.* For the next two days there was little change in her condition, except that the abdominal tenderness diminished considerably, though the temperature continued 102 night and morning, and she slept little.

Nov. 30th.—*Bell.* 1 x, gttj. alty. every 2 hrs., with *Acon.* 1 x, was substituted for *Bryon.* 1 x.

Dec. 1st.—M. T. 102; p. 92; very weak; slept very little, owing to pain in the back; her bowels were moved yesterday after two enemas, the stool being loose and dark, with hard masses; abdominal tenderness much less, but continues in the uterine region. E. T. 103.6.

Dec. 2nd.—M. T. 102.2; p. 92; did not sleep at all; complains of headache, and is very dull and stupid. E. T. 103.2.

Dec. 3rd.—M. T. 102; p. 92, and very weak; pain in back less, but she did not sleep; tongue red and dry in the centre. E. T. 102.6.

Dec. 4th.—M. T. 101; p. 96; slept 4 hrs.; pain in back returned yesterday afternoon; tongue more moist; bowels moved by enema; stool constipated and natural in colour. Sphygmographic tracing of radial pulse shows great feebleness of heart's impulse, and some irregularity, but no intermission or diastole. E. T. 103.6.

Dec. 5th.—M. T. 101.2; p. 88; very weak; slept 5 hrs.; throat sore and dry; fauces much congested, sticky with mucus clinging to them; much pain on swallowing; tongue dry and glazed at tip and in the centre; coated posteriorly; some muttering delirium at intervals; expression anxious; clammy sweat. Ordered *Rhus* 1 x, mj. every 2 hrs.; to get brandy and champagne. E. T. 102.8.

Dec. 6th.—M. T. 102; p. 92; extremely feeble. Was very restless during the night and slept little, but no delirium; fauces much inflamed, and coated with sticky mucus. There is a dark patch of false membrane on the pharynx; swallowing less painful. Ordered *Mercurius cyanatus* 3 x, grj. every two hours. Poultices to be applied round the throat, and the pharynx to be sponged with a weak solution of *Argent. nitr.* E. T. 102.2.

Dec. 7th.—M. T. 101.6; p. 100; somewhat stronger; pain on swallowing less; has slept 8 hrs.; coughed up a

great deal of sticky mucus, and some shreds of greyish membrane. E. T. 103.4.

Dec. 8th.—M. T. 103.6 ; p. 116 ; only slept about half an hour ; perspired very freely in the night ; membrane not so thick on the pharynx, but has spread over the fauces ; tongue moist ; can swallow more easily. Ordered port wine, chicken jelly, and eggs beaten up, and *Rhus* 1 x, mj., alternately with *Sodæ. salicyl.* grs. 5, every 2 hrs. E. T. 102.6.

Dec. 9th.—M. T. 101.6 ; p. 120 ; weak ; slept little ; mouth very dry ; membrane hanging to fauces in shreds ; passed one stool this morning, consisting of a large quantity of dark blood ; no pain with the motion. Ordered *Hamamelis* 1 x, mj. every 2 hrs.

She passed another stool of dark blood at 12.30, and again at 7.45 ; no pain. E. T. 103.

Dec. 10th.—M. T. 103.4 ; p. 120 ; very feeble ; slept 3 hrs. ; bowels moved twice in the night, the stools each time being loose and light in colour ; membrane still adhering to fauces and pharynx. *Rhus* and *Sodæ sal.* repeated. E. T. 103.8.

Dec. 11th.—M. T. 103.8 ; p. 120 ; slept 4 hrs. ; bowels have not been moved since 6 a.m. yesterday ; mouth very dry and tongue sore. E. T. 103.8.

Dec. 12th.—M. T. 102.4 ; p. 120 ; slept better. E. T. 103.2.

Dec. 13th.—M. T. 102.4 ; p. 112 ; slept little owing to the bowels being moved twice in the night with considerable pain, and after two oil enemata, stools extremely hard and dry ; no blood ; bowels acted again this morning ; motion not so hard ; deposit thick on the pharynx ; tongue more moist. E. T. 101.8.

Dec. 14th.—M. T. 101.4 ; p. 108 ; slept 3 hrs. ; perspired very freely in the night ; deposit of thin white membrane on fauces ; tongue much more moist ; swallows very comfortably. E. T. 101.2.

Dec. 15th.—M. T. 101.2 ; p. 100 ; slept well ; membrane thick on the pharynx ; tongue quite moist ; bowels moved naturally this morning ; stool dark and loose. E. T. 101.8.

Dec. 16th.—M. T. 102.4 ; p. 120 ; slept very well ; deposit on pharynx continues. One loose and dark stool last night. E. T. 101.4.

Dec. 17th.—M. T. 101.8 ; p. 124 ; slept well till 3 a.m.,

but was restless afterwards. One stool in night, formed and dark; pharynx free of deposit. To return to *Merc. cyan.* 3 x, grj., every three hrs., and the pharynx to be sprayed with a saturated solution of boracic acid in glycerine once a day, and the sponging with *Argent. nitr.* continued. To have arrowroot. E. T. 101.

Dec. 18th.—M. T. 100.2; p. 124; slept very well; less membrane on pharynx. E. T. 100.4.

Dec. 19th.—M. T. 99.8; p. 108; slept well; bowels moved naturally yesterday. Ordered two eggs and chicken. E. T. 99.6.

Dec. 20th.—M. T. 99.8; p. 112; slept well; bowels moved naturally; pharynx much clearer; tongue moist. From this time she progressed steadily to recovery.

On the 22nd, she was ordered a chop and bitter ale, and to have *China* ϕ mjjj. every 4 hrs., and her temperature was normal night and morning. She remained, however, very weak for some days, and was not discharged till Jan. 7th. She had only been at home a few days when she was obliged to take to bed again owing to great prostration and vomiting, while her temperature rose to 102.

She was re-admitted to the hospital on Jan. 13th, and suffered for some days from vomiting and a return of some of the old symptoms; her temperature rising again to 103.6; her throat was extremely sore, the pharynx being injected and covered with viscid mucus. She was treated with *Nux vom.* 1 x, and, after the vomiting was checked, with *Merc. biniod* 3 x. The temperature was normal night and morning, on Jan. 23rd, ten days after re-admission; and on Feb. 4th, she was sent to the country for change of air.

CASE II.

Florry P., daughter of preceding patient, aged seven, was admitted into the London Homœopathic Hospital on Dec. 5th, 1881, under Dr. Blackley, with the following history and symptoms:—

Has been attended at home for three days by the house-surgeon: She complained of slight tenderness over the abdomen, and was very low and prostrate; the bowels rather confined; temp. 102 at night. She was treated with *Baptis.* ϕ mj. every 3 hrs. As she did not improve, she was admitted to the hospital on Dec. 5th.

On admission.—Patient complains of pain on swallowing; dull headache; is drowsy, and the face flushed. The tongue is coated, with red papillæ protruding through the fur; there is some distension of the abdomen, but no tenderness on pressure, and no spots. Heart and lungs normal. Ordered milk and beef tea, and continue *Baptis. φ.* E. T. 101.4. .

Dec. 6th.—M. T. 102; p. 128; slept in the night, but rather restlessly; tongue foul; the fauces are swollen and congested. Ordered *Merc. cor.* 3 x, grj. every 2 hrs., alternately with *Baptis. φ.* E. T. 102.4

Dec. 7th.—M. T. 103; p. 124; slept very well, but talks in her sleep; fauces less inflamed, no ulceration. E. T. 104.

Dec. 8th.—M. T. 102; p. 124; slept very well, and did not talk in her sleep. Tongue clean at the tip, white-coated posteriorly. There is a greyish patch on the pharynx. She swallows well. The bowels have not acted for three days. The urine is acid, sp. gr. 1033.; contains no albumen. Ordered *Merc. biniod.* 3 x, grj. every 2 hrs., and to get white wine whey. E. T. 102.4.

Dec. 9th.—M. T. 102; p. 120; slept very well. Patch on pharynx unchanged. Bowels moved four times since yesterday morning; stools loose. E. T. 102.6.

Dec. 10th.—M. T. 102; p. 116; slept very well. There is no exudation on the pharynx. Bowels have been moved six times in the last 24 hrs.; stools loose, light, and of a typhoid character. There is no tenderness over the abdomen, and no increase of splenic dulness. One pink spot is visible on the abdomen. Ordered *Sodæ salicyl.*, grs. 2½ every 2 hrs. E. T. 102.6.

Dec. 11th.—M. T. 97.8; p. 112; bowels moved eight times in 24 hrs.; stools of same character. *Sodæ salicyl.* was discontinued, and *Arsen.* 3 x, mj. every 3 hrs. substituted. She was given arrowroot and Ettli's milk food. E. T. 101.8.

Dec. 12th.—M. T. 101; p. 112; bowels moved four times in 24 hrs. E. T. 100.

Dec. 13th.—M. T. 100.6; p. 112; bowels moved four times. E. T. 101.

From this time she progressed to recovery, although on the 14th and 16th the evening temperature rose again to 103°, and five loose stools were passed in 24 hrs. She perspired freely every night.

On the 18th the bowels were moved once, and the stool formed. On the 20th her temperature was normal night and morning, 16 days after admission; she had no return of diarrhoea; was ordered *Chin. φ mj. ter. die*. She was discharged on Jan. 7th, 1882, and has had no relapse, although she returned to the same house from whence she came.

CASE III.

Eliza J., aged 27, married, two children, was admitted into the London Homœopathic Hospital, under Dr. Blackley, on Dec. 12th, 1881, with the following history and symptoms:—

Patient lives on the drawing-room floor of the same house as the preceding patients. Has been attended at home by the house-surgeon since Dec. 2nd, since which date she has complained of lassitude, inability for exertion, and, within the last week, of a severe cough. She has been getting steadily worse, and for the last few days has been confined to bed; the temperature has gradually risen to 102.

On admission.—Patient is extremely weak, the face is much flushed, and the expression anxious; cough very troublesome, and expectoration difficult.

Examination.—There is no dulness on either side of the chest, anteriorly or posteriorly. Bronchitic râles are heard all over both sides. The abdomen is somewhat distended, and there is general tenderness on pressure over the surface. The bowels have not acted for some days; tongue coated. Ordered beef tea, milk, veal jelly, and brandy ʒ ii. in 24 hrs. and *Antim. tart.* ʒ x, grj. every 8 hrs. M. T. 103.2; p. 136, with a tendency to dirotism, as shown by the sphygmograph; respirations 36. E. T. 103.4.

Dec. 13th.—M. T. 103.2; p. 112; r. 32; slept very well; cough extremely troublesome, and expectoration difficult this morning. Physical signs unchanged. There is an eruption of small bright red petechiæ scattered thickly over the limbs, and more sparsely over the abdomen and chest; a few spots about the size of a pea, and of a dark purple colour, are mixed with these; none of the spots disappear on pressure. The fauces and pharynx are darkly congested, and there is a whitish patch on the right anterior pillar of the fauces. No difficulty in swallowing. The bowels were moved yesterday by enema; stool natural

in colour and consistence. Patient has become very deaf. E. T. 102.4.

Dec. 14th.—M. T. 100.2; p. 116; r. 36; did not sleep well. Physical signs in chest continue. Petechiæ not quite so bright; tongue thickly coated posteriorly. The patch on the fauces is more distinct. Ordered *Cupr. acet.* 3 x, grj. every 3 hrs. E. T. 102.

Dec. 15th.—M. T. 103; p. 120; r. 36; has slept very well. The petechiæ are fading; patch on fauces continues. Bowels moved by enema yesterday. The deafness is less. *Cuprum* stopped and *Antim. tart.* repeated. E. T. 104.6.

Dec. 16th.—M. T. 98; p. 116; r. 36; slept about an hour; the patch on the fauces is less distinct; squeaking râles are heard all over the chest. E. T. 102.6.

Dec. 17th.—M. T. 101.2; p. 130; r. 32; slept all night; cough very troublesome at times; expectoration profuse, muco-purulent and frothy; the petechiæ have disappeared. E. T. 102.

Dec. 18th.—M. T. 100.2; p. 120; r. 36; slept very well; cough easier. E. T. 99.8.

Dec. 19th.—M. T. 99; p. 112; r. 36; improving; there is nothing to be seen on the fauces or pharynx. E. T. 101.8.

From this date she progressed steadily to recovery; notwithstanding that her temperature rose on the morning of the 22nd to 102.4; p. 136; r. 40; *Phos.* 3 x, mj. was then ordered alternately with *Antim.* This, however, was a merely temporary exacerbation, as on the same evening the temperature fell again to 99°, and on the 28rd was normal night and morning. The bronchitic sounds gradually disappeared from the chest, which was quite free from abnormal sounds on the 29th, when she was ordered *Hepar sulph.* 3 x, grj. every 4 hrs. She was, however, very weak, and was not discharged from the hospital till Jan. 7th, 1882.

CASE IV.

Acute Glossitis.

Eliza G., age 47, a lady's maid, was admitted into the London Homœopathic Hospital Jan. 23rd, 1882, under care of Dr. Dyce Brown, with the following history and symptoms:—

Patient has generally enjoyed good health. Six years ago she had an attack of facial erysipelas after taking

cold. Last Christmas was laid up for fourteen days with "jaundice."

On Saturday night, Jan. 21st, she thinks she caught cold, as she suffered from shivering and aching in the limbs, and slept little. Next morning her tongue, especially the right half, was much swollen, and she had pain on swallowing on the right side of the throat. The tongue continued to become more swollen and painful during the day. She slept badly on Sunday night, and on Monday morning had an attack of painless diarrhoea, and suffered from severe frontal headache, with pain of a pricking character in the right half of the tongue and down the throat. She was admitted to hospital on Monday evening.

On admission.—Patient complains of aching pain in the frontal region. She is unable to speak plainly owing to the swelling of the tongue, and the effort to speak or swallow is attended with much pain in this organ. Pain and tenderness in the right sub-maxillary region, extending to the angle of the jaw, where there is some amount of brawny swelling. The forehead and right side of the face and neck are suffused with a pink blush, disappearing on pressure. There is no oedema of the face.

The tongue is enlarged in its right half and of a hard brawny consistence; it is very tender; the patient cannot protrude it farther than just to the edge of the teeth. It is thickly coated all over except along the edge, which is pink in colour, with dark red papillæ standing out. The breath is extremely foul, and speech difficult and indistinct. There is pain on swallowing, even liquids; referred to the "back of the tongue," and right side of throat. Ordered milk and beef tea, and *Acon.* 1 mj., *Apis* 1 mj. alternately every 2 hours. E. T. 100.4.

Jan. 24th.—M. T. 98.4; p. 124; did not sleep, but was not restless; tongue still very painful and swollen; less pain in throat on swallowing; no difficulty in breathing. E. T. 98.4.

Jan. 25th.—M.T. 98.4; p. 104; slept well; tongue less swollen and not so tender; no pain in throat. The *Acon.* was now stopped, and *Apis* continued every 8 hrs. E. T. 98.4.

Jan. 26th.—M.T. 98.4; p. 92.; did not sleep so well, but is much better this morning. The tongue is less swollen, still red round the edge and furred over the surface; is marked by the teeth along the right side.

Patient can speak much more distinctly ; breath still very foul ; bowels moved in the morning naturally. E. T. 98.4.

Jan. 27th.—The temperature did not rise again above 98.4. The tongue gradually diminished in size and the pain and tenderness disappeared, the white furred coat cleaned off from the tip, and on Feb. 3rd all trace of the disease was gone, except a slight stiffness along the right side of the tongue. On this day she was ordered a full diet, and *Chin.* 1 x, No. V. ter die. She was discharged perfectly well on Feb. 9th.

TWO SPIRITS IN MEDICINE.*

A REVIEW.

By JOHN H. CLARKE, M.D.

FROM many points of view besides the strictly professional one, the history of medicine presents a study of surpassing interest. In it the lover of history finds the leading traits of our common human nature prominently brought out ; the philanthropist views the beginnings and course of the long struggle of men to overcome the ills that oppress their fellows—a struggle in which he at the present day is bearing his part ; the humorist sees displayed in abundance those touches of nature—half absurd, half pathetic—which make the whole world kin ; the satirist finds a glorious quarry of baseless assumptions, overweening pretensions, flat contradictions, and hopeless inconsistencies, to hew in pieces with his keen and pitiless blade. Dr. Mellen Cate, of Washington, has given us a new and original view. He has studied the history of medicine in its length and breadth, and in his book has traced the rise, development, and fatal operation of the class-spirit that has dominated the medical world from the remotest times. This is the spirit of dogmatism. He also shows how from time to time men have arisen to protest against the slavery of submission to dogma, and how they have fared ; and lastly, in the rise of the homœopathic school, the first successful protest against the tyranny, and the rise of a truer, gentler spirit in medicine, the spirit of the medicine of pure experience.

* *The Child of Promise.* By William Mellen Cate, M.D. Washington, D.C. H. B. Burnham & Co.

It will thus be seen that the book is not so much a sketch of the history of the whole of medicine, as it is of the profession and the professional spirit. And a very able sketch it is, as interesting and instructive as the treatment is novel. Dr. Cate introduces the allegorical into his work. The full title is as follows: *The Child of Promise; or, the Isaac of Medicine, and Ishmael, the Half-Brother, being a comprehensive Glance at the Instincts and Predilections of the Rival Schools of Medicine.*

This title is more fully explained by the following quotation which appears on a page to itself, between the title-page and the preface.

“And he shall dwell with wild men.” “His hand shall be against every man, and every man’s hand against him.”

“For Ishmael” “I have blessed him, and will make him fruitful, and will multiply him exceedingly;” “But my covenant will I establish with Isaac,” “for an everlasting covenant, and with his seed after him.”

“And Sarah saw the son of Hagar, which she had borne unto Abraham, MOCKING!!”

“Wherefore she said unto Abraham, ‘cast out this bond-woman and her son.’”

For “He (Isaac) was a man of GENTLE NATURE . . . of devout and blameless life.”

After this the allegorical is chiefly confined to the headings of the chapters, but the fittingness of it becomes very marked as the work progresses, and the story he has to tell fully justifies the author’s boldness in the selection of the title and form of his book. It is to be hoped that its oddness will attract many readers, who will not be disappointed with their fare, though it is to be feared some may be repelled, and leave the contents of the volume untasted because they cannot digest the outside.

Dr. Cate tells us that his reasons for publishing this treatise are three.

First. He has observed that lay homœopathists know only the *practical* claims of the system they believe in, and he desires to provide them with some knowledge of its *historical* claims as well, that they may be able to rebut the thousand calumnies that are always being heaped upon it.

Second. A work, *Medical Heresies*, has lately been published by a Professor Smyth, which contains “perhaps the most able of the many constantly appearing attacks upon this school,” and deserves attention.

Third. Recent standard works on medical history make no allusion to Hahnemann or homœopathy.

Dr. Cate has laid the homœopathic world under obligation by the pleasing and effective way in which he has met each of these wants. He does not appear to be acquainted with *The History and Heroes of Medicine*, by the late Dr. Rutherford Russell—a book deserving a place on every medical man's shelf—in which Hahnemann and homœopathy find their proper place, and due consideration. But even this can hardly be described as among the "more recent standard works" on the history of medicine, and Dr. Cate's book, which has no pretensions to the calibre of that of Dr. Russell, and which runs on somewhat different lines, will doubtless penetrate much further, and in many more directions than the other has, or could have done.

I will now endeavour to indicate the author's line of thought.

The art of medicine, he says, is as old as man himself—at least as old as his pains and aches. The first doctors by profession appear to have been the Brahmins. The first medical book appeared in China B.C. 2700. This is still the standard medical authority in that conservative country. It gives elaborate instructions for feeling the pulse with several fingers at a time, used as a performer on the piano-forte uses his, now on one arm and now on the other, by which procedure diseases were to be discovered. This may seem astonishing, but there is a story told of a professor of medicine in recent years who, in a case where there was a doubt as to whether the disease was *peri-* or *endo-carditis*, with his fingers on the patient's pulse, after a few moments' profound consideration, exclaimed with confidence to his admiring class, "*Peri-carditis!*" and this was final. This occurred, as the story goes, in a British University.

After the Chinese the Egyptians next claim consideration for their doings in medicine. Their great authority is one Thoth, but whether he wrote all that goes by his name is not certain. The principal thing to note is that the lore and practice of medicine fell to the hereditary possession of the inferior priests. "He who was born a physician was prohibited equally by heaven and the laws from abandoning the occupation of his ancestors." "Furthermore," says our or, and this is important to note, "the pastophori st-physicians) were confined to the doctrines of Thoth

for hints as to the management of the sick; for, if disease were met after a method not expressly prescribed in the works of Thoth, should the patient die, the priest responsible for this departure from the authorised practices was punished with death." What a glorious text-book!

From the Egyptians the Greeks derived, among other things, medical ideas and practices. The Asclepiadæ, the oldest doctors amongst the Greeks, were an exclusive caste, handing down their secrets from one generation to another, and having recourse, like the Egyptian pastophori, to mysterious incantations.

About 570 B.C., Pythagoras, the first Philosopher, appeared on the scene. Not only was he endowed with an intense thirst for knowledge, and "love of wisdom," but he was also possessed with the passion for divulging all the knowledge he gained, as being the common property of all. Among other things he studied medicine, and made no secret of what he learned. This was too much for the professional spirit of that day, and probably cost him his life. But he had done his work. He had broken the ice, and made way for all who would to draw of the waters of knowledge. Thus by the time Hippocrates appeared, 460 B.C., it was not a mortal offence to tell tales out of school.

Hippocrates fully deserves his title of Father of Medicine. With his faithful descriptions of disease, his accurate observations of the operations of nature and the workings of her laws, medicine proper may be said to begin. He is the father of the two leading spirits in medicine. His *theories* of the four elements, and the four humours, his enunciation of the therapeutic law "*contraria contrariis curantur*," formed on these theories, and his therapeutic indications inferred from them, prove him to be the father of the Ishmael of medicine—the dogmatic spirit embodied in the allopathic school. On the other hand, his own injunction "*that the nature of man cannot be well known without the aid of medical observation, and that nothing should be affirmed concerning that nature until after having acquired a certainty of it by the aid of the senses*," together with his observation that most diseases get well of themselves, and that many diseases are cured by drugs that have caused the like, prove him to be the father of the "Child of Promise," the Isaac of Medicine, the spirit of pure experience and honest open-minded observation, from which

alone we hope for perfection in our art, and to which we confidently look for advance. With the departure of Hippocrates came an era of confusion. Out of this confusion arose the dogmatic school. All originality was quenched, and the reign of another Thoth began. Ishmael entered on his career. Medicine now was not the possession of a priestly caste. It was part of the education of all the learned. Hence the part Aristotle has played in medical history, though he never practised medicine. He could theorise and assume with the best and boldest, and all the weight of his great authority went to support dogmatism. He assumed a communication between the heart and trachea for the passage of a current of inhaled air into the cavity of the heart! He reasoned on the expulsion of the foetus, that, as it was oval shaped, it could only come out head foremost, reasoning on the analogy of an olive in a narrow-necked bottle. The inference was that in all breech and cross-births the attempt should be made to bring down the head. He did not notice that as the olive could get out of the bottle whichever end might happen to come first, though it could not if it fell across, so the foetus might get out whichever end of the oval presented. Consequently, relying on this great but unpractised authority, the learned for centuries did their best to prevent the natural delivery of infants which they discovered to be coming by the breech, and the simple operation of turning in cross-births never entered their thoughts.

The Empirics of Alexandria and the Methodists made a stand for a short time against the power of dogmatism, but with the overthrow of Alexandria their resistance came to an end, though the labours of the Empirics, especially in the field of anatomy, were not without good effect on the subsequent course of medical history.

In the second century of the Christian era appeared Celsus and Galen, both dogmatists, the latter a man of surpassing talents, whose word was law in the medical world for centuries after his death. He accepted the theory of four elements, he endorsed Aristotle's division of the human soul into three parts—vegetative, irascible, rational—and from these data explained all phenomena of the economy, declaring his colleagues to be "ignorant or punctilious dialecticians whose discussions are frequently repugnant to the most common sense." He uplifted the insignia of dogmatism, *contraria contrariis curantur*, as the distinctive

symbol of the school, and by him "dogmatism, amplified, explained, was pushed to its last consequences."

In that wonderful movement amongst the descendants of the veritable Ishmael, the Arabs, which followed the appearance and mission of Mahomet, among all the arts and sciences that grew to great perfection, the art of medicine and its cognate science, chemistry, and, as it then was so thought to be, astrology, received their share of advancement. But the blight of dogmatism was over it even there; the authority of Aristotle barred the progress that should have been made, and threw the weight of the Arabian *savants* into the scale of dogmatism.

This state of things continued till the twelfth century, during which time medicine had again become the property of priests, and when at length Vesalius arose and dared to state anatomical truths in opposition to the theories of the ancients, he came under the ban of the Inquisition, for holding the heretical notion that there could possibly be error in the writings of Aristotle or Galen. It mattered not that there was no bone in any of the hearts Vesalius examined, Galen said there was a bone in the anatomy of the heart, and it was heresy to contradict that.

After him, Paracelsus dared to think for himself and use his own eyes, scorning the authority of the ancients, and he was branded as "the quack." How our own Harvey's discoveries were received is well known, and Sydenham, the English Hippocrates, was looked on with disfavour in London, the College of Physicians refusing him their fellowship, and granting him the licentiate only.

Our author thus brings us down to more modern days. He then tells us the story of Hahnemann's early life, studies, and labours, of his great discovery, and how he worked it out. He compares the labours of Hahnemann with those of Vesalius and Harvey, and shows how much more difficult the former were than the latter, as being so much more complicated, and so much less easy of demonstration.

He then traces the rise of the homœopathic school, and the fierce antagonism it aroused on the part of the dogmatists. He compares the spirit of the two schools, and the two systems of medicine, and the force of the allegory needs no pointing out. He gives an account of the "heresy-hunt" undertaken by the allopathic body in this country, and an instance of the same in America. It appears in that land of the free, there is an American

Medical Association which exercises absolute despotism over all provincial affiliated associations, and forces on them its definitions and codes of ethics. The example given of how it exercises this prerogative is too delicious to curtail, and I must refer readers to the book itself. Our author has condensed the spirit of the transaction into verse, which is quite worthy of the sentiment it embodies, and expresses so perfectly.

“ Believe as we believe, no more, no less,
That we are right, and nothing less confess ;
By the code of ethics and its mandates we abide,
And concede such other things as with it coincide.
Think ye as we think, and do as we do,
And then, and only then, we'll fellowship with you.

“ That we are right, and always right, we know,
For the ‘ assembled wisdom of the ages ’ tells us so,
And to be right is simply this, to be
Entirely and in all respects as we ;
To deviate a hair's breadth, or begin
To question, or to doubt, is sin.

“ 'Twere better that the sick should die than live,
Unless they take the medicine we give ;
Let sink the drowning, if he will not swim
Upon the plank that we throw out to him ;
'Twere better that the world stand still than move
In any other way than that which we approve.”

The author then proceeds to expose in masterly fashion the falseness of the arguments brought against the new system and its adherents by the dominant school, and to show how, with true Ishmaelitic spirit, it has recourse to *mockery* when reasoning fails, and at the same time is not above “ feeding on the meat it mocks,” adopting homœopathic remedies and procedures wholesale.

One of the charges made against homœopaths by that august body, the American Medical Association, is that they have spoken contemptuously of medicine as regularly practised. How is it that they still tolerate Oliver Wendell Holmes, and allow him an honoured place in their midst? Surely, they should have expelled him with every mark of ignominy, after saying, as our author [reports:—“ With the exception of *morphine* and *sulphuric ether*, I firmly believe that if the whole *Materia Medica* could be sunk to the bottom of the sea it would be all the better for mankind, and all the worse for the fishes.” Hufeland said,

“Homœopathy is the grave of science.” He might have said with much more truth, “*Medicine* is the grave of science.” Science, we have been lately told by one of its greatest exponents, has taught us (in medicine) what *not* to do, and he hopes now that it will soon tell us something on the positive side. As yet it has told us nothing. Physics, chemistry, botany, the life-sciences, and the new science of disordered life, pathology, pave the way for us to a right understanding of the condition of our patients, but *medicine*, in its accurate sense, how to heal—which should be the end and fruition of all these sciences—is for them a dark and pathless waste. Whenever science attempts to enter this region she falls into a bottomless pit. There is a narrow track through the darkness—the path of pure experience; and there is a clue to keep us in the path—the discovery of Hahnemann. Keeping to these we are on solid ground. But this ground has not been won by physics, by chemistry, by botany, or the sciences of life in health and disease. Science cannot claim it as her own. Science does much for us at the bedside of our patient, but when we ask her how to cure him she has no answer to give. Experience can tell us something, and with Hahnemann to interpret can tell us much. Homœopaths may have spoken contemptuously of the old way of practice, but not more so than have its own followers; and the facts of its history speak more contemptuously still. And then,—dwellers in glass houses should not throw stones. How much contempt has homœopathy had to endure—blind, unreasoning contempt—from the other side?

In his closing chapters Dr. Cate deals more particularly with Professor Smyth and his arguments. It does not appear that he has anything fresh to urge against the homœopathic heresy, but he adopts a more reasonable tone than most of his fellows. Like the Royal College of Physicians in the days of their conflict with Dr. Quin, like O. W. Holmes five-and-twenty years ago, Professor Smyth assumes the rôle of the prophet, and asserts, as they did, that homœopathy “in a few short years” will be *non est*. Doubtless he will turn out to be as true a prophet as his predecessors! Dr. Cate tells a delightful little story of the Michigan University, and how the homœopathic chair was founded and occupied after a struggle with the Ishmaelites of medicine, as we may now call them, which readers will

find very diverting. His concluding words shall be given entire :—

“This medical faith (allopathy) which is grounded in the ever shifting sands of popular prejudice, this Ishmael of medicine, for a reason as competent as that relating to the younger half-brother in medicine, will not ‘cross the Stygian ferry ;’ on the contrary, ‘I . . . will make fruitful, and multiply him exceedingly.’ However, at this epoch, he has been and still poses before us as a *mock*er. Therefore from the pale of civilisation will he be *cast out*, to dwell and exercise his peculiar offices with the pagan and barbarous races; for the hand of every educated mind will be against this Ishmael, while this outcast will, as his instincts and predilections have ever influenced him to act in the past, continue to raise his hand against everything that opposes his assumption of power and of rule.

“The civilised world will thereupon assert its preference for employing the good offices of the Isaac in medicine in overcoming disease, that man of gentle nature, a clear definition of whose exponent was so many years ago concisely set forth by one of the most prominent and eloquent authors—William H. Holcombe, M.D.—in the ranks of the homœopathic profession.

“Dr. Holcombe tells us that a homœopathic physician is one who uses all the surgical, obstetrical, mechanical, and chemical measures where indicated, and who in the vital or dynamic sphere is guided by the homœopathic law—

“*similia similibus curantur.*”

In taking leave of Dr. Cate and his book, I cannot conclude without thanking him for the pleasure it has given me to read it. I trust he will find a wide circle of readers, both in and out of the profession. I shall be glad if this very meagre sketch should make the work known, and send readers of it, eager for more, to the book itself. The get-up of the book is excellent, as we are accustomed to expect in books from across the Atlantic, and reflects credit on printer and publisher alike. In a future edition, which I hope will soon be called for, Dr. Cate must not let *contrariis* do duty for *contrariis*, whatever the printers may think. It would be well also if he gave his authority for the statement that Hippocrates was the first to use obstetrical forceps. The honour is usually ascribed to the Arabian physicians.

15, St. George's Terrace,
Gloucester Road, London, S.W.

CASE OF MYOCARDITIS IN RHEUMATIC FEVER.

With Sphygmographic Tracings.

By EDWARD M. MADDEN, M.B., Birmingham.

THE following case is of interest, as showing the diagnostic value of the sphygmograph, and the benefit following the use of *digitalis* in material doses.

Miss Edith —, æt. 16, one of a large family, all healthy children, and living in a very healthy, though exposed, country house, about nine miles from Birmingham, caught a chill on the evening of December 7th, 1881, but went to school as usual the next day. On the 9th she stayed at home, and complained of pains all over her, and on the 10th, as she was feverish, her father asked me to go and see her. I then found that she had an undoubted attack of acute rheumatism, with a pulse of 105, and temperature $101^{\circ}.8$, pain in all the joints, and a slight blush over both ankles and wrists. The tongue was white and furred, but there was no thirst nor sweat. The bowels were confined, and the urine scanty, dark and lithic.

She went on very satisfactorily for the first ten days, taking *aconite* and *bryonia*, chiefly the latter, in the mother tincture five drops for a dose. Under this treatment the pains left the joints, there was no swelling, the fever never rose above 102° , and auscultation showed no implication of the heart, though on the 21st she was breathing rather faster than usual, and the pulse was 120.

I did not see her after this till the 24th, and I then found the following state of affairs. There was no pain or swelling in any of the joints, but rather a severe pain over the region of the liver (? diaphragm), but only on movement or deep breathing. The breathing was very short and gasping, 60 per minute, the face very flushed. Temperature $101^{\circ}.5$. Pulse 180 and unsteady. The respiration was harsh at both bases, and the left base was dull on percussion. I could, however, still discover no abnormal sounds with the stethoscope, and there was certainly no pericarditis. I now began to get very anxious for my patient, and gave her *phosphorus* 5 x every two hours, believing that the condition of the lungs was the cause of her being so much worse; however, I determined to take Dr. Dudgeon's sphygmograph with me the next day, to determine the condition of the heart.

The next day, Christmas day, I found her no better; the respiration 64. Pulse very unsteady, and nearly 200; temperature $100^{\circ}.5$; and I obtained the following tracing—

which enabled me to diagnose myocarditis, without any doubt, and of considerable severity too. It will be seen that the different parts of the normal pulse trace are at most entirely wanting, only occasionally do we get a faint suspicion of the tidal wave or the dirotic notch, but in their place we get a single weak unsteady wave, with a very unequal elevation and uneven base line, showing unmistakably that the heart muscle was acting in a tumultuous, weak and irregular manner, and probably that the different fibres of the ventricles contracted with a different rhythm. The breath sounds in the right lung were now normal, but there was evidence of pleural effusion at the left base, though not extensive. I now gave her *cactus* 2x and *digitalis* 3x (trit.) in alternation.

The next day, December 26th, the respiration varied from 48 to 60; the temperature was $100^{\circ}.8$, and the following was the pulse trace—

showing the same features as the first, if possible, in an aggravated degree, especially the upper one.

The condition of the chest remained the same. I may as well say there was no cough, or any evidence of true pneumonia all through. Repeat the medicines.

December 27th. Respiration 60, temperature 99.9 , and the following tracing, which shows no essential improvement—

I now gave her *digitalis* ϕ , m. xv. every two hours.

December 28th. Respiration 36, temperature 99·7, and feels better in herself; there is a little pain in the left lower ribs, where there is still dulness on percussion, and distant breathing to be found.

The following is the tracing for this day—

December 29th. Respiration 52; temperature 100; pulse 132, though still very irregular, as the following tracings show. However, it will be observed how very much more clearly the tracing is shown; the diastolic wave showing at each beat, though frequently cut short by the next up-stroke—

December 30th. Respiration 38; temperature 99; pulse 102, with the following tracing, which shows for the first time complete regularity of beats as to time, though not quite as to strength—



She was feeling much better in herself, and the urine was, for the first time, clear.

I now reduced the dose of *digitalis*, which had been given regularly since the 27th, to m. x, every three hours.

December 31st. Respiration 86; temperature 99.8; pulse 108; with the following tracing—

which shows a still further improvement, in so far as the tidal wave is quite perceptible and the dirotic wave is not nearly so high. I now reduced the dose of *digitalis* to m. v. every 8 hours.

January 2nd, 1882. Respiration 40; temperature 99.5; pulse 120; with the following tracing.—

She is evidently not quite so well, possibly due to some extra excitement yesterday. Also for the first time there has become evident a soft mitral systolic bruit. However, the urine has become clear and pale, and the effusion at the left base is nearly absorbed.

I now ceased the *digitalis* altogether, and gave her *bry. φ* and *cactus 2x* in alternation.

January 4th. The fever has now quite gone, the chest is clear, and she feels much better in herself; the respiration is 26, and the pulse 120, with the following tracing.—

From this time she has got steadily better without any drawbacks, though the mitral bruit still remains. She sat out of bed on the 12th, and began to walk on the 14th.

The last tracing I took was on January 14th, when the respiration was 16, and the pulse 100.

It will be seen that since the 31st, the tidal wave has again been lost in the up-stroke, and that the pulse is still highly dicrotic, evidencing great relaxation of the arteries, a condition which is invariably found during fevers, and during convalescence for some time after. Mitral stenosis does not give any distinctive pulse trace, so the present tracing is simply that of an exhausted arterial system, and somewhat enfeebled heart muscle.

Of course my patient is by no means well yet, but, considering the very serious nature of the complication, I am very well satisfied at the fever having left her, and her being able to sit up five weeks after she first took to her bed. The mitral bruit is by no means a loud one, and I have good hopes that it may disappear under treatment, or at all events, not be the cause of any appreciable ill-health in later years.

The assistance I received from the sphygmograph in estimating the amount of heart mischief, and its progress from day to day was most gratifying, and cannot fail to be evident, even to those only slightly acquainted with its tracings, and not less so was the improvement under the use of *digitalis*, for the *cactus* 2x and *digitalis* 3x were given on December 25th and 26th, and then the *tincture of digitalis* alone in pretty full doses with the result that by December 30th the pulse was reduced from nearly 200, and a most irregular and almost unintelligible tracing, to a little over 100 and perfectly regular, which it has remained ever since.

NOTE.—The tracings as printed are not altogether satisfactory, though they may possibly be as good as anything but a photograph can be. They, however, give a very fair general representation of the originals, sufficient to indicate the alterations from day to day, but in the first two tracings the diversities both as to time and volume are made less obvious than they really were, while in the last one the strokes should have been more even and regular, and without the waviness there shown in a few of the lines.

ON ELECTRICITY: ITS PHYSIOLOGICAL ACTION AND THERAPEUTIC USES.

By DONALD BAYNES, M.A., M.D., F.R.G.S.

(Continued.)

Galvanic or Voltaic Electricity: So-called from its discoverer and earliest chief investigator. Also called dynamic electricity, the battery current, &c.

In 1790 Galvani, Professor of Anatomy at Bologna, discovered this form of electricity while investigating the influence of electricity on the nervous excitability of animals. He noticed that when the lumbar nerves of a dead frog were connected, by means of a metallic conductor, with the crural muscles, these latter were contracted. He also noticed that the energy of the contractions greatly depended on the conductor being composed of two different metals.

He explained this phenomenon by assuming that the electricity was inherent in the animal (calling it the vital fluid), and simply passed from the lumbar nerves to the muscles by means of the metallic conductor, thus causing the contractions. This theory, though supported by many eminent men of his day, was denied by others, notably Volta, of Pavia, who attributed the contractions in the frog's leg to the influence of the metallic conductor, strengthening his theory by Galvani's own statement, that the contractions depended, to a great extent, on the conductor being composed of two metals, and that the electricity was evolved from the contact of the two metals; that the frog's body was only a conductor, and at the same time a very sensitive electroscope. Volta, by a series of experiments with an electroscope invented by himself, proved that electricity was developed by the contact of different metals under favourable circumstances, the famous Voltaic pile being the result of his experiments. A long controversy was carried on between Galvani and Volta, each having a numerous party of supporters, and each conducting elaborate experiments to prove his respective theories. Volta finally propounded the following principle, viz., "That when two heterogeneous substances are placed in contact, one of them always assumes the positive and the other the negative electrical condition." Other investi-

gators followed, who in turn challenged Volta's theories, advancing their own, or modifying his. Among the most notable may be mentioned Fabroni, Wollaston, Davy, De la Rive, and the immortal Faraday. In the present day earnest investigations are being diligently carried on in this interesting field, with the magnificent results that are now being daily seen at the various electrical exhibitions or conferences.

The galvanic, or battery current as it is called, may be produced in its simplest form by the contact of two metals in one exciting fluid, which acts chemically on the one, but has no action, or at any rate a lesser action, on the other. Take an earthenware or glass jar containing a solution of sulphuric acid and water (one part of the former to eight or ten of the latter). Now, partially immerse in the solution a plate of copper and a plate of zinc, a piece of copper wire being attached to the free, or unimmersed end of each plate. No electrical or chemical action can be noticed beyond a few bubbles of hydrogen disengaged from the zinc plate; if, however, the ends of the wires are brought together, violent chemical action is immediately set up. A considerable quantity of hydrogen is disengaged, which is not now noticed at the zinc, but at the copper plate. The connecting wires present many magnetic, thermal, and other properties. If a galvanometer be interposed in the wires or circuit, the needle will immediately be deflected, thus proving the existence of an electric current. The zinc plate, being the one chemically acted on, is called the generating plate, while the copper plate, which sustains little if any chemical action, is called the collecting plate. The electricity produced at the zinc passes through the liquid to the copper plate; and, as it always takes a definite course, it follows on in the same direction outside the cell, passing over the copper along the wires to the zinc plate, thus completing its circuit. The current flowing within the cell through the liquid from the zinc or positive to the copper or negative plate, is positive. At the same time, a current of negative electricity is supposed to start from the copper, travelling in an opposite direction through the liquid to the zinc plate, and continues over the zinc and out of the cell back to the copper plate, thus completing its circuit. Thus the positive current generated within the cell at the zinc is obtained outside the cell from a conductor attached to the copper plate, and *vice versa*.

A battery is formed by uniting several such cells together, the copper plate of the first cell being connected with the zinc plate of the second cell, and so on throughout the series. This form of battery is called a single fluid battery, and is what is called inconstant, *i.e.*, subject to a rapid decrease of power during use, and for this reason is but little adapted for medical purposes. This decrease of power is due chiefly to the formation of sulphate of zinc, from the chemical action of the dilute sulphuric acid on the zinc, which renders the exciting fluid less acid, and therefore less able to produce the original active chemical action; and to what is called polarisation of the copper plate, which is due to the deposition of part of the hydrogen on the copper, evolved during the action of the dilute sulphuric acid on the zinc. This deposit of hydrogen offers considerable resistance to the passage of the electric current, and, in addition, causes a deposit of metallic zinc on the copper, by reducing the sulphate of zinc in solution, which practically gives us two zinc plates instead of one, and of necessity destroys the conditions necessary to the production of the electric current. This trouble has been overcome by the introduction of elements which will give a steady and constant supply of electricity for a very long time. These elements are "double fluid."

The following batteries are those chiefly used for medical purposes:—*The Smee combination*.—Here the elements consist of zinc and platinum, the exciting fluid being dilute sulphuric acid. This combination, as is the case with all single-fluid batteries, soon loses its power.

The Grenet combination, which is perhaps the best of all single-fluid batteries, consists of zinc and carbon elements, an acid solution of bichromate of potash being the exciting fluid. This battery is much more constant than Smee's. In Stöhrer's batteries the same elements and exciting fluid are used. In the constant, or two-fluid batteries, polarisation is prevented by chemical reaction and mechanical means.

Grove's battery consists of an outer and an inner cup, the inner being porous. In the outer cup is a zinc plate, immersed in dilute sulphuric acid; the inner contains nitric acid, in which a platinum plate is suspended. In this case polarisation of the hydrogen is prevented by its combining with some of the oxygen of the nitric acid passing off in fumes, which are easily noticed when the

battery is working; the porous cup acts as a diaphragm, preventing the deposit of zinc on the platinum.

Bunsen's battery is very similar to Grove's, the only difference being that the negative element is carbon instead of platinum. One of the best of the two fluid batteries is the Daniell, the elements being zinc and copper, separated by a diaphragm of porous earthenware. The zinc is immersed in dilute sulphuric acid, and the copper in a saturated solution of sulphate of copper. The hydrogen evolved in the zinc compartment traverses the porous diaphragm, reduces the sulphate of copper, thus causing a deposit of metallic copper on the copper plate; the sulphuric acid, set free from the copper solution, also traverses the porous diaphragm, and helps to keep up the strength of the dilute sulphuric acid in the zinc chamber.

Two modifications of the Daniell, the Siemens-Halske and the Becker-Muirhead, are used to a great extent. Another constant battery is the Leclanché, which consists of zinc and gas carbon. The carbon is packed in a porous cell with powdered carbon and peroxide of manganese; this cell is placed in another, containing a saturated solution of sal-ammoniac, in which is immersed a zinc rod. In this element chloride of zinc is formed, and hydrogen and ammonia set free.

The elements I usually employ for stationary batteries are "Hill's Gravity Cells." They are very inexpensive, and work well for a long time, with little, if any, attention. The element consists of a glass or earthenware cell, circular in shape; at the bottom is placed a roll of copper, covered with crystals of sulphate of copper; water is added till the cell is one-third full, a saturated solution of sulphate of zinc is carefully poured over this till the cell is about two-thirds full; suspended from the top of the cell and just touching the upper solution is a zinc disc, usually made with a large aperture in the centre. The only attention necessary is occasionally to add a little water, to replace any loss by evaporation; a layer of paraffin covering the zinc solution will almost entirely prevent any loss from this cause. The solutions of sulphate of zinc and copper are kept apart by the difference in their specific gravities. Care must be taken not to shake the cells, or the solutions will become mixed.

The smallest element in use is Gaiffe's, which consists of a plate of zinc and a plate of chloride of silver, separated

by some bibulous paper, moistened with salt and water. As we have seen, a galvanic battery consists of a number of elements joined together in a series by metallic connections; the collecting plate of the first element is connected to the generating plate of the next, and so on, the last collecting being joined to the first generating plate. These connections consist of good *conductors*, that is, of bodies that offer but little resistance to the passage of the electric current. Most metals, charcoal, and acidulated liquids, are good conductors. The best metallic conductors are gold, silver, and copper, the last being chiefly employed owing to its cheapness. Even the best conductors resist the passage of the electric current more or less. Non-conductors, or insulators, are substances which offer very great resistance, or almost entirely prevent the passage of the electric current, as gutta-percha, porcelain, wood, resin, &c. This brings us to the subject of electrical resistance, which may be defined as being that quality of a body which tends to retard, or obstruct, the flow of the electric current, and it is found to be directly proportional to its length; that is, the resistance offered by a wire, for example, a mile long, would be double that offered by the same wire half a mile long.

Different substances have each a resistance peculiar to itself, which, by comparison with fixed standards, has been measured, and is called the "specific resistance" of the body. The resistance of a body also depends on its cross section, and is inversely proportional to it. A copper wire, for instance, of large calibre, offers less resistance to an electric current than a similar one of smaller calibre. In a galvanic battery the resistance to the electric current consists—In the first place, of that offered within the cell, which depends on the exciting fluid, the distance between the plates, the size of the plates, and any polarisation that may be going on. This is called the essential, internal, or intrabatterial resistance. In the second place to that occurring outside the cell, due to the connections, conducting wires, or other media that may be introduced in the circuit; this is called external, extrabatterial, interpolar, or non-essential resistance.

To sum up: The resistance within the battery is directly as the distance between the plates, and inversely as the surface acted on. In the connecting wires the resistance is directly as its length, and inversely as its cross-section.

These principles are brought out in the different arrangements of the elements in a battery. They may be arranged in two ways; first, when the collecting plate of the first element is joined to the generating plate of the second, and so on throughout the series, as already described; this arrangement is calculated to overcome great external resistance, and it is said to be "*in series*," or an "*intensity arrangement*." If, however, we connect all the collecting plates together, and all the generating plates together, we practically get one large element of each kind, instead of several small ones; that is to say, we increase the area of the plates, and the quantity of galvanism obtained is very great. This is technically described as "*quantity arrangement*." *Electro-motive force* may be described as the power a battery possesses of generating and propelling an electric current. This is found to be proportional to the chemical action taking place in the battery; the greater the amount of chemical action, the greater the electro-motive force. Thus a Bunsen element has a far greater electro-motive force than a Smee.

By *the intensity*, or strength of a current, we mean the quantity of electricity which flows through a section of the circuit in a unit of time. It is proved to be proportional to the electro-motive force. This is Ohm's law, and may be stated as follows:—" *The intensity, or strength of the current, is equal to the electro-motive force, divided by the resistance.*"

Or expressing it as a formula—

$$I = \frac{E}{R}$$

(*To be continued.*)

NOTE.—In the first paper, thermo-electricity has been printed as subdivision (c), whereas it was intended to be division 4th.

CLINICAL LECTURE ON ERYSIPELAS.

Delivered at the London Homœopathic Hospital, Jan. 23rd, 1882, by J. GALLEY BLACKLEY, M.B., Physician in charge of the Skin Department.

GENTLEMEN,—Those of you who have accompanied me round the wards during the last few weeks will have seen the man A. B., an occupant of Hahnemann ward, the subject of phlegmonous erysipelas. As the case possesses

more than ordinary interest, I would invite your attention for a few moments to the notes, as furnished by our resident medical officer, Dr. Scriven.

"The patient, a cab-driver, aged 54, was admitted December 9th, 1881, stating that, except for winter cough, he had always enjoyed good health, until four days ago, when he noticed a stiffness in the calf of the right leg, which became the same night very painful, the pain being of a burning character. On the following day the leg began to swell, and the pain became worse. On the day but one previous to his admission he noticed blisters appearing along the tibia; these gradually coalesced, and on the following day fresh ones appeared on the outer side of the leg, the earlier ones meanwhile beginning to burst.

At the time of his admission to the hospital the whole tibial aspect of the leg was covered with large bullæ of the size of a half-crown, two or three being apparently on the point of coalescing, the contents being large pustular, whilst the outer side of the leg was occupied by a single large bulla, containing pure serum. There were several smaller bullæ about the ankle. All these were surrounded by an erythematous blush, which disappeared, however, on pressure, and the whole leg was very tender to the touch.

Pulse is 120 full and throbbing, temperature 99.6. Tongue beefy, but inclined to be coated in the centre. To have *tr. rhus tox.*, 1 x, a drop every four hours, the bullæ to be pricked, and poulticed with bread and water, and the patient placed on a full meat diet.

Dec. 11th.—Pulse 124; temp. 100 morning and evening. Tongue now thickly coated in centre. Leg and foot both slightly œdematous. Has not slept since his admission, owing to pain in the leg. To have *canth.* 1 x, gttj., 4tâ, quaque horâ.

Dec. 12th.—Temp. 100 morning and evening. Leg and foot more œdematous. There is a hard brawny swelling in the popliteal space, and some tenderness along the course of the int. saphenous vein. Tongue very thickly coated in centre, fiery red round the edges. Has had several sharp rigors, and cannot sleep owing to gnawing pain in the leg. Linseed poultices were ordered to the leg and knee, and *chin.* ϕ gttj. every four hours was substituted for the last medicine. A generous diet was ordered, with the addition of a pint of bitter ale daily.

Dec. 13th.—Temp. last night 101.6; this morning

98.6; pain less; has slept a little. For some days the temp. kept up, varying from 100.2 to 101.2, the leg continuing meanwhile very painful, though the swelling and hardness were less. The tongue was red and fiery at the tip.

Dec. 19th.—Temp. last night 102; had a smart rigor in the evening. As the swelling was now “boggy” and showed signs of pointing, free incisions were made on the inner and outer aspect of the calf, and a couple of drainage tubes inserted. The poulticing to be continued.

Dec. 20th.—Temp. 102.2 last night, 99.6 this morning; discharge of pus very free, especially from the internal incision. Has slept better.

Dec. 22nd.—Evening temperature still high; discharge free; tongue more moist. The dose of *china* was increased to gtt. v. ter die. Four ounces of port wine were substituted for one half-pint of ale.”

During the following week the evening temperature fell to 100. The discharge diminished and the wounds appeared to be granulating in a healthy manner. Long sinuses could, however, still be felt amongst the muscles inside the leg. A small phlegmon formed over the outer condyle of the femur; this was opened, and a quantity of sanious pus was evacuated. The patient is meanwhile gaining every day in flesh and strength. The tongue is clean, and the patient eats voraciously. The poultices have now been left off and the wounds dressed with carbolic acid lotion.

Jan. 5th.—Temp. normal night and morning; small sinus outside the knee still discharging thin ichorous matter. The other openings are looking healthy, though a probe still passes $1\frac{1}{2}$ inches between the muscles. R. *silic.* 3 grj. t. d., the wounds to be packed with pledgets of lint dipped in carbolic acid lotion.

The second case is that of Caroline F., æt. 27, servant, whom some of you may remember as being admitted an inmate of Cambridge ward on Nov. 22nd: “Says she had an attack of erysipelas in the face three years ago but has otherwise enjoyed very good health. Has been working in a hot kitchen and exposed to draughts.” On admission the face and anterior part of the hairy scalp were occupied by the characteristic smooth, shiny, fiery red swelling, known popularly as St. Anthony’s fire. The temperature on admission was 103.4, and the same evening rose to

104. Was seen by the house surgeon, who prescribed *acon.* and *bellad.*, in drop doses of the first decimal dilution every two hours alternately, and a lotion consisting of a drachm of *tr. verat. vir.* to six ounces of water, to be applied to the face on a mask of lint; the diet to consist of milk, beef tea, arrowroot, and cocoa *ad libitum*.

"Nov. 23rd.—Temp. 104.2; tongue dry and cracked; has been delirious all night, and required closely watching to keep her in bed. Continue the remedies.

Nov. 24th.—Temp. last night 105; this morning 103; delirium not so violent. Takes nourishment well.

Nov. 25th.—Temp. 103.6 last night; 102 this morning; swelling in the face has increased very much, and has spread to the neck and scalp; is now hard and brawny, and is showing signs of vesiculating on the surface. Has now been steadily unconscious for two days. Tongue dry and brown; sordes round teeth. Was ordered $\frac{3}{4}$ iv. of port wine, and a couple of eggs beaten up with brandy in addition to the above diet, which she continues to take well. The lotion was replaced by a mixture of olive oil and tincture of *veratum viride*, and the *aconite* was omitted.

Nov. 27th.—Temp. $\frac{102.4}{102}$; p. 108; has wandered all night, but is semi-conscious again this morning. The lower part of the face is much swollen; tongue dry, brown and slimy; passes urine involuntarily; takes nourishment well. The *bellad.* was replaced by *rhua* 1 x, gttj, 2dâ chaque horâ.

Nov. 28th.—Temp. $\frac{102.8}{99}$; pulse 96; slept for a few hours during the night, but is unconscious this morning, and is muttering constantly. One stool passed in bed; swelling has now spread down left side of neck.

Nov. 29th.—Temp. $\frac{102.6}{99}$; pulse 96; in other respects the same. To have five drops of mother tincture of *china* every three hours and a pint of champagne per diem in place of the port wine.

Nov. 30th.—Temp. 99.6 night and morning; pulse 72; is quite conscious this morning. Face not so much swollen. Passed a stool unconsciously during the night.

Dec. 1st.—Temp. 99.4 at night, 99.2 this morning; pulse 78; slept very quietly during the night, and is quite

conscious this morning. Swelling much less in the face, and has not spread below the neck. Bowels acting naturally, and does not pass urine in bed. Bedsore on right buttock. To discontinue *china* and have *apis* 3 x., gttj. every two hours.

Dec. 2nd.—Temp. $\frac{102.4}{100.2}$; pulse 78, feeble; was very drowsy all yesterday and during the night; breathing stertorous at times. Was ordered 15 minims of *sp. ammon. arom.* every four hours. Seems much brighter this morning; tongue moist and cleaner. Is taking nourishment well. Face desquamating.

Dec. 3rd.—Temp. 100.6 last night, normal this morning; slept well all night without wandering. Tongue moist, and much cleaner. Pulse 72, much stronger. Passed one stool during sleep."

It is needless to give you the subsequent details from day to day. She made a straight progress towards recovery; was out of bed for the first time on Dec. 19th, and was discharged cured on the 22nd, exactly a month from the day of her admission.

The third case—one that several of you have seen in my out-patient room—is that of Mary S., aged 21, teacher, who came on April 21st, stating that she had for years had periodical attacks of erysipelas, commencing in the nose, and invading subsequently the face and head. The case is interesting, from the fact that she suffers in the intervals with neuralgia of the head and face, and that she is the subject of complete alopecia, extending to eyebrows and eyelashes, dating from the first attack of erysipelas. She wears a wig, and has had the head shaved at times. For the slight erysipelatos redness present at the time of her visit she received *bell.* 1 x., a pilule three times a day; and when this had subsided at the end of a fortnight, although but very few traces of hair follicles could be made out with a lens, she was given *ac. fluor.* 3 gttj. t. d., which she took steadily for two months, with instructions to keep the head shaved once a week. At the end of June she came complaining of a small patch of indurated skin on the left ala nasi, which she said had always been the focus from which the erysipelas commenced. On examination it was seen to be slightly raised above the surrounding skin, smooth and soft, slightly scaly round the edges, resembling, in fact, a small patch of lupus follicularis. For this I gave

her *Hydrocotyle Asiatica* 1 x., gttj. t. d. This she took steadily for three months, but without any manifest improvement other than that numerous downy hairs have begun to appear on the scalp. She is now taking *kal. bich.*, and the growth of hair continues slowly, but steadily, the downy hairs being interspersed here and there with vigorous, dark-coloured shafts.

These three cases will perhaps serve to give you a fair general idea of the symptoms and treatment of the more severe forms of erysipelas. The milder forms do not present themselves very frequently in hospital practice, owing to the fact that they generally improve spontaneously. When they do, however, there is usually little difficulty in nipping the malady in the bud. The patch of rosy red skin, tense and shining, slightly elevated above the surrounding skin, hot to the touch, and tender on pressure, is easily recognised, and as easily met by *belladonna* (drop doses of the first dec.) every two hours. I have quite given up the use of *aconite* in this as in all specific fevers, for there can be little doubt that erysipelas belongs to the specific infectious diseases. Should the attack not subside within 48 hours, vesiculation of the surface commences, and the patch may spread at the same time. Here *rhus tox.* 1 x, gttj. 2 dis hor. is the remedy, with perhaps *bellad.* at night, if delirium or great restlessness are present, as is frequently the case. The skin should be rigorously excluded from the air, either by oil or collodion.

In the more severe forms many authorities recommend compression as a means of preventing or aborting the phlegmonous form. Velpeau, in his lessons on clinical surgery, says "That when the phlegmonous erysipelas is only of three days' duration, compression will almost always produce resolution, and that it is still useful even when pus has formed, and the cellular tissue has become mortified."* Subsequent experience has, however, failed to ratify Velpeau's suggestions, and there can be no doubt that where simple means have failed, and we are conscious of the presence of pus, it should be speedily evacuated.

In the graver varieties of erysipelas, of which my first two cases are examples, no time should be lost in subjecting the patient to the remedy more distinctly adapted to

* *Leçons Orales de Clinique Chirurgicale*, vol. iii., p. 271.

the individual case. For this reason, as a rule, the use of *belladonna* is rather a waste of time. Where vesiculation or bullæ are present, *rhus* is the drug to be exhibited; and the same may be said of all cases which lapse into a low typhoid condition, evidenced by the condition of the tongue, the low muttering delirium, and the persistent high temperature. Where the indications are rather those of toxæmia, especially with very extensive œdema, and generally dusky colour of skin, and temperature not very high, *apis* is the drug to be tried. If, however, we have rigors from time to time, and very high temperature, with considerable difference between the morning and evening, we have in *cinchona bark* a most valuable adjuvant, whether the case go on to suppuration or not.* The drug must, however, not be given in infinitesimal doses. You will have noticed the very satisfactory fall in temperature in the case of Caroline F. after the administration of a few five-drop doses of the strong tincture. On the subject of diet, what I have said as to the dietary of the two patients should suffice. It should, in all cases of erysipelas, be generous and easily digested. Stimulants should also be exhibited freely, and in some conditions, where there is profound adynamia, and alcohol fails to give the necessary fillip, the spirits of *sal-volatile*, as given in our second case, is a very useful and reliable stimulant.

* *China*, as a remedy in erysipelas, has hardly received the attention it deserves at the hands of recent writers on homœopathic therapeutics. The anatomical changes in the skin and subcutaneous connective tissue, although few in number, are yet sufficiently characteristic to lead one to expect good results from the exhibition of the drug where the febrile and other symptoms present are in accord with the pathogenesis of *china* (vide *Allen's Encyclopædia*, vol. iii., pp. 204 and 206). Hahnemann appears to have been fully cognisant of the beneficial effects of *china* in phlegmonous erysipelas, for in the introduction to his account of the drug (*Materia Medica Pura*, Dudgeon's translation, vol. i., p. 416) he says:—

“So also in those cases where we have to do with so-called moist gangrene in the external parts, we shall generally notice in the remainder of the patient's ailments, morbid symptoms similar to the symptoms peculiar to *cinchona bark*; hence it is so useful in such cases.”

Jousset (“Du Quinquina et du Sulfate de Quinine dans le Traitement de l'Erysipèle,” *L'Art Medical*, Jan. 1880, p. 11) cites two cases of severe erysipelas cured by *china*. In one, substantial doses of the *vinum cinchonæ* were administered.

REVIEWS.

Special Pathology and Therapeutic Hints. RAUE. Boericke and Tafel, New York.

THE second edition of this work is a decided improvement on the first. The author tells us that the first had become old. Views on pathology which were almost startling when it first saw the light, have become musty and antiquated since then, many of them have even been proved to be fallacious; hence the need of a new edition, which appears in the form of a very handsome volume of nearly 1,100 pages.

To those who have not the time to put on their literary sea-boots and wade chin deep through Allen, this book will prove a storehouse of information.

Without having to wander wearily through pages of symptoms, many of which may be of questionable value, we are enabled to turn at once to the disease we want to study, and find all the principal remedies alphabetically arranged, with their pathogenetic indications concisely described.

The pathology of the work is carefully brought up to modern standard. Some few errors in nomenclature have slipped in, which, but for their recurrence, we should have attributed to the much maligned printers. For instance "metastatic meningitis" from the context is evidently meant for "metastatic," and again the word "insulatio" is applied to sunstroke; were the patient to be exposed to the electric current we could understand the use of this word, but not when used in reference to Father "Sol."

These, however, are but of minor importance, and detract but little from the value of the work to the homoeopathic practitioner. The section on kidney diseases is well written, and abounds with useful information. Brain and spinal diseases, too, have been carefully studied. Whilst old physic is almost helpless in this class of diseases, homoeopathy is fertile in resource.

The homoeopathic physician, by means of the laws of similars, can avail himself of the large class of drugs acting on the brain and cord, which the allopath dare not tamper with for fear of producing aggravation.

Dr. Raue deserves our best wishes for the catholicity of his opinions. We quote from the preface:—

"This book does not give any prescription in regard to the dose, because that is still an open question, and must be left entirely to the free judgment of the practitioner." "I, myself, prefer the highest potencies; others may think differently. So much is certain, that there are undoubted facts which seem to favour both sides of the question . . . Judge then for thyself."

Such liberal views on a weighty question do much to disarm criticism, and with the exception of a few experiments in nomenclature, to which our English ears have not yet become accustomed, this book will rank high as a reliable referee in doubtful cases.

The Delegates from the United States of America to the International Homœopathic Convention, held in London, July, 1881.

Barraud, 96, Gloucester Place, Portman Square.

We have in this very well arranged group the photographic portraits of twenty-five of our transatlantic colleagues who took so active and useful a part in the business of our Convention last summer. The portraits are on the whole excellent. The majority are admirable likenesses, while two or three only are less striking. This was of course inevitable. Among the best are Dr. Talbot, Dr. Dake, Dr. Breyfogle, Mrs. Dr. Baker, Dr. Ordway, Dr. Higbee, Dr. Eaton, Dr. Cooper, Dr. Benjamin, Dr. Mitchell, Dr. de Gersdoff and Dr. Foster. Mr. Barraud may fairly be congratulated on having produced a very interesting and successful group. It is one which we are sure our colleagues would wish to possess ; and when we add that three half crowns will enable them to have it, we cannot doubt that a large sale will be secured for it.

NOTABILIA.

BRITISH HOMŒOPATHIC SOCIETY.

THE Sixth Ordinary Meeting of the present Session will be held on Thursday, March 2nd, 1882, at seven o'clock, when the following motions will be discussed :—

Proposed by Dr. HUGHES, seconded by Dr. YELDHAM—

“ 1. That, in view of the considerations as to the state of our *Materia Medica*, lately adduced by Drs. Yeldham and Black in this country, and Dr. J. P. Dake in America, the British Homœopathic Society feels that the time has come for its reconstruction, and is prepared to undertake the task.

“ 2. That, for this purpose, a Committee of seven of its members, including the President and Secretary, be appointed.

“ 3. That this Committee be instructed to take for the basis of its work the *Encyclopædia* of Dr. Allen, in the light of the criticisms made upon it by its editor in the *North American*, and by Dr. Hughes in the *British Journal of Homœopathy*.

“ 4. That the translation of Hahnemann's *Materia Medica Pura*, recently issued by the Society, be regarded as the first

instalment of its work ; and that the symptoms furnished thereto by Hahnemann and his fellow-provers be not again presented under the medicines to which they belong.

“ 5. That the aim of the Committee shall be to expunge all untrustworthy and irrelevant matter, and to present what remains in the most accurate, concise, and intelligible form,—all repetitions being avoided, and all provings being given, where possible, in consecutive order as related by the experimenters.”

Proposed by Dr. Dudgeon, seconded by Dr. Hale—

“ That the proposed diploma and title of Licentiate of Homœopathy, resolved on by the London School of Homœopathy, is contrary to the spirit of the laws of this Society, and calculated to damage our position as members of the medical profession.”

At eight o'clock, a paper will be read by Dr. Roth, of London, on “ The Treatment of Various Uterine Complaints by Movements.”

ANNUAL REPORT OF THE RED HILL AND REIGATE DISPENSARIES.

WE have received from Dr. Woodgates the First Annual Report of the Red Hill and Reigate Public Homœopathic Dispensaries. Seldom have we seen such good results attending a first year's operations. The subscriptions and tickets amounted to £64 11s. ; and after all disbursements there remains a balance in hand of £1 3s. 7d. There are few public institutions of this nature which, after twelve months' existence, can show such financial soundness. We would draw particular attention to the fact, that the Dispensary Committee voted a donation of two guineas to the London Homœopathic Hospital, and a similar sum to the Hahnemann Convalescent Home, Bournemouth ; thus securing to their honorary medical officer the power of sending serious cases to either the hospital or the home, and thereby increasing the benefits derivable from the local institution. The medical officer's report shows that three cases were thus dealt with in the course of the year, and derived great benefit from their treatment while in hospital.

Dispensaries, properly conducted and efficiently managed, are the very siege train of the armament of homœopathy. Working, as they do, amongst a class of people who judge more than most from results, the cures wrought by homœopathy act as most convincing arguments, far outdoing in their effect any amount of literary proselytism or verbal controversy.

We are glad to see that Dr. Woodgates is as active in spreading homœopathy in Reigate as he proved himself to be in Exeter, and we cordially wish every success to this young and flourishing institution.

HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

THE following extract from the recently issued annual report of this institution is both gratifying and interesting:—

“During the year, 552 patients have presented themselves at the dispensary for treatment, and the total number of attendances recorded is 4,200, making an average weekly attendance of 80 patients. One hundred and eleven patients suffering from diseases of the eye presented themselves for treatment during the year.

“These figures, compared with those published in the last report, show an increase in the number of attendances of 1,579. This fact emphatically bears testimony to the appreciation of the institution by the poor.”

OBITUARY.

EDWARD CRONIN, M.D.

THE late Dr. Cronin, of Brixton, whose death occurred on the 1st February, was born in Cork in 1801. He studied for the profession of medicine at the Meath Hospital, Dublin. During the earlier portion of his career Dr. Cronin devoted himself to missionary work. In 1828, in conjunction with his friends, Mr. John Purnell (now Lord Congleton), Professor F. Newman, and Dr. Kitto, he took an active part in constituting the religious body now known as the Plymouth Brethren. His first wife having died in 1829—a year after marriage—Dr. Cronin, in company with the friends we have named, went to the East as a missionary. When in Bagdad an epidemic of the plague broke out, and Dr. Cronin exerted himself strenuously to relieve the physical wants of those by whom he was surrounded. In 1835 he left Syria for the Madras Presidency of India, when he again devoted himself to religious and medical work. In 1837 he returned to England, and now his acquaintance with homœopathy commenced. In 1838 he married a daughter of Sir John Kennaway, Bart., of Escot, Devon, and after practising for a short time in Islington and in Stafford, he finally settled in Brixton, where he has since resided, and been engaged in a very extensive practice, enjoying not only the confidence but the warm affection of a large circle of friends.

Dr. Cronin's eldest son, Dr. Eugene Cronin, is the well-known homœopathic physician at Clapham, while another is the honorary dentist to the London Homœopathic Hospital.

CORRESPONDENCE.

THE LICENTIATESHIP IN HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As I find that the action of the School in offering a diploma to its students has dissatisfied a few (I hope a very few) of our colleagues, I would ask you to allow me—as its initiator—to say a few words in explanation and vindication of it.

Its primary object is to increase the School's opportunities of usefulness by holding out an additional inducement to students to attend its instruction. We have been crippled hitherto in this respect from being unable to give a qualification for practice, or to have our lectures counted as part of the required curriculum. The institution of the "L.H." will do something to supply this deficiency. In it the student will have an addition to those significant letters which other institutions enable him to append to his name, and which are his passport to the practice at which he aims.

But, secondly, we hereby supply that great desideratum—a means whereby the laity may know a man's qualification to treat them homœopathically. They have it for medicine, surgery, veterinary, and dental surgery, pharmacy, &c., in the L.R.C.P., M.R.C.S., and such like designations, bestowed by various examining bodies. It is confessed to be a duty on our part to provide them with practitioners instructed in homœopathy: it is a logical inference that we should certify them of that instruction having been gained, and should do so in the usual manner.

These are the objects of the step just taken by the School, and I hold them to be such as to warrant it well. But were there anything unprofessional in the mode of proceeding adopted to promote them, I, for one, would have had no part in it. I maintain it to be quite otherwise. It is said that if we accept this title we forfeit our power to disclaim the censure pronounced by the College of Physicians on those who "trade upon a name." But to assume a distinctive appellation—as by putting "Homœopathist" on card or door-plate—is one thing: to receive and use a diploma of competency in the practice of a special method is quite another. No one deprecates the former more than I do. I joined my colleagues in this town some years ago in requesting that the word "Homœopathic" might not be (as heretofore) affixed to our names in the local directory. But a man must have—if he be a beginner or a settler in a new place—some mode of making it known that he is prepared to treat patients homœopathically. At present he is tempted to do this by illegitimate means. In the "L.H." we give him one which is just the reverse, which stands on the same footing as

his "M.R.C.S.," his "L.R.C.P.," or—more particularly—his "L.M.," of which it is in almost every respect an analogue.

Again, it is urged that to designate ourselves in this way is to brand ourselves as sectarian, and bind ourselves to an exclusive practice. I must answer that it does nothing of the kind. It is simply an evidence of proficiency. A licentiate in homœopathy must know something about the method; but how far he shall use it in the treatment of his patients is still a matter entirely in his own judgment. That a man shall put "L.H." to his name does indeed avow his belief in homœopathy, as far as it goes; and this will be no small collateral advantage of the diploma. The *Lancet*, unable to convict us of assuming distinctive appellations, now charges us with dishonesty because we refrain from so doing. The accusation is ridiculous; but it is not the less a gain to be able to meet it point blank. To take and use the "L.H." will be avowal plain enough, though within strictly professional limits. For this purpose even established practitioners, who do not need it as a passport to practice, may well apply for it, as it will give them a means of showing that they are not ashamed of the method to which they owe allegiance. I have sought it myself accordingly.

The new diploma has thus much in its favour even at the present time, but still more marked may be its advantage in the future. I am one of those who hope to see ere long a complete absorption of the homœopathic body in that of the profession at large. It can only come when the method of Hahnemann is recognised as legitimate; but such recognition cannot much longer be delayed. When this re-union, so devoutly to be wished for, comes about, there are two dangers to be avoided. One is that our method itself shall suffer absorption—shall lose its distinctive outlines, and survive only as a sort of Ringerism. The other is that the homœopathic laity shall lose the few means they now have of knowing those from whom they can have the treatment they desire. The "L.H." will obviously preclude the latter danger; and a little thought will show that it operates no less actively against the former. As long as there is a licentiate-ship in homœopathy, so long there must be a teaching of the system, and it will run no risk of being swallowed up.

We are thus exercising a wise foresight, as well as providing for present necessities, in instituting this diploma; and I hope that in good time there will not be a single believer in the value of homœopathy who will not be willing and proud to wear it.

I am, Gentlemen,

Faithfully yours,

RICHARD HUGHES.

Brighton, Feb. 8, 1882.

NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Dr. PRÖELL (Gastein).—Your package has arrived. Many thanks for it.

Dr. GRAMM (Philadelphia).—We shall be happy to comply with the request of your Association, and have given instructions to our publishers accordingly.

Communications, &c., have been received from Dr. ROTH, Dr. BLACKLEY (London); Dr. BAYES, Dr. HUGHES (Brighton); Dr. BAYNES (Canterbury); Dr. MADDEN (Birmingham); Dr. MAFFREY (Bradford).

BOOKS RECEIVED.

Materia Medica Pura. By Samuel Hahnemann. Translated from the latest German Edition by R. E. Dudgeon, M.D., with Annotations by Richard Hughes, L.R.C.P., Edin. Vol. ii. Hahnemann Publishing Society.

Hahnemann as a Medical Philosopher. By Richard Hughes, L.R.C.P., Edin. London: Gould & Son.

Companion to the British Homœopathic Pharmacopœia. Keene and Ashwell, Bond Street, London.

Annals of the British Homœopathic Society.

The Homœopathic World.

Report of the Buchanan Ophthalmic and Cottage Hospital, Hastings.

Report of the Liverpool Homœopathic Dispensaries.

The Student's Journal and Hospital Gazette.

Burgoyne's Magazine of Pharmacy and Chemistry.

The New York Medical Times.

The New England Medical Gazette.

The United States Medical Investigator.

The American Observer.

The American Homœopath.

The Medical Counsellor.

Bulletin de la Soc. Med. de France.

Revue Homœopathique Belge.

Allgemeine Hom. Zeitung.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

OUR DISPENSARIES.

MUCH attention has recently been drawn to our School, our Society, our Magazines, and our Literature, but Dispensaries have, as a rule, been allowed to drag along without much organised assistance. That some of them are able to give such a good account of themselves is more due to the energy of their medical officers, and the inherent success of homœopathy, than to any extraneous aid or encouragement they have received. This is not as it should be. A Dispensary forms the most efficient and unfailing method of spreading a knowledge of homœopathy; the rich are reached through the poor, and the poor are benefited by the process. It will be a good day for the public when every town has its Homœopathic Public Dispensary, where the necessitous poor can be treated in the true therapeutic method, their time saved, and their health preserved to them. The poor man loses much more by ill-health than his richer neighbour; a week without work oftentimes brings the wolf very near the door, and the prolonged illness of the bread-winner causes pale sunken cheeks in the little ones, and a wan careworn look in the poor mother.

All praise, then, to any institution, whatever be its therapeutic method, which mitigates the severity of disease among the poor. Allopathic dispensaries have long done a good work amongst the fever dens and slums of our great cities, and for their hard-worked medical officers we have nothing but praise. Knowing, as we all do, the superior curative power of homœopathy, is it not incumbent on us to fulfil the high moral duty imposed on us of endeavouring to hold out a helping hand to the poor of our land? As homœopaths, are we not bound to extend the knowledge of the benefits of our system to those who, from ignorance or inability, are unable to seek them for themselves? The well-to-do can pick and choose for themselves amongst the various medical men of the district in which they reside, and select whichever form of treatment they prefer; the very poor, on the other hand, are, in many cases, restricted to what the Frenchman once termed, "Le choix de M. Hobson." Unable to pay the ordinary medical fees, they must have either the union doctor or the dispensary medical officer of their district. Now, how ever kind and talented these gentlemen may be—and many of them are true friends to the poor—the facts for our consideration remain, that their method of treatment is not that which many of the rich prefer, and that from that mode of treatment the poor may not dissent.

In most towns, with few exceptions, the poor must either have allopathy, or do without treatment. Now this order of things is opposed to the spirit of freedom and liberality which we, in the nineteenth century, are apt to pride ourselves on exhibiting. In no other direction are the poor forced to adopt a particular fixed opinion. They may choose their own ministers now, although formerly they could not; they may choose their own lawyer, such of

them as have stomach for law; and they may patronise any particular public-house that may be a favourite in the neighbourhood. The only person whose wares are literally, in many poor childrens' cases, stuffed down their throats, is the doctor.

The proper remedy for this state of affairs is, without doubt, the establishment, in every town which can boast of a homœopathic practitioner, of a well organised, properly conducted, Homœopathic Dispensary.

If our brethren like to take a little trouble at the outset, a dispensary may soon be set a-going which will benefit alike the poor, homœopathy, and the practitioner.

The methods of working Dispensaries have been various; the first, and most efficacious, in our opinion, is the Public Free Dispensary system. This, unfortunately, is seen too seldom; the best examples being found in Birmingham, Liverpool, and London. The report of the Liverpool Dispensaries, which is noticed in another part of this *Review*, shows how much can be done by patient working in the right direction. Where the medical men of a town have a sufficient number of the upper classes in their *clientèle* who are willing to give a little time and money to aid the good work, there should be no difficulty in forming a strong committee to organise a Free Dispensary. If a cottage can be secured, to be devoted entirely to the use of the Dispensary, so much the better. Should this, however, from any cause, be unattainable, suitable rooms should be secured in a populous neighbourhood. The position of the Dispensary is of the greatest importance. It has been found that the poor will not go any great distance to a new institution; therefore the more central the situation the better for the future of the Dispensary. The composition of the committee, too, should be carefully studied. It is generally found that one or two of the

clergy in most towns are favourable to homœopathy. Their co-operation should be at once secured, as, through their influence, the most influential and charitable persons in the neighbourhood may generally be reached. Once let it be understood that the Dispensary is to be really a free and charitable institution, and that the medical men are going to devote themselves to the good work as honorary medical officers, and many friends will step forward to assist who otherwise might not do so.

The committee once formed, and a suitable *habitat* obtained, the young Dispensary will soon acquire reputation. Patients will not be lacking, and if cures are wrought, the recipients of the benefit will not be backward in spreading the good news amongst fellow sufferers. In the course of time the sphere of the Dispensary will be so enlarged that a visiting medical officer will be required. Where actual good work is being done, its supporters are seldom slow in providing funds, and any special appeal will rarely fail to meet with generous support.

Such a Dispensary may be seen in Liverpool, in Birmingham, and at the out-patient department of the London Homœopathic Hospital; at each large numbers of patients are constantly in attendance.

In the report of the Liverpool Dispensaries, a notice of which appears in the pages of this number, we see the very satisfactory number of 65,125 separate attendances registered for the past year, the funds for defraying the expenses being entirely of a charitable nature. Consider what an incalculable benefit this means to the poor! Homœopathy brought to their doors, their illnesses shortened, their means of living in many cases saved to them. Who shall say in the face of these figures that homœopathy is not acceptable to the poor?

The second form of Dispensary is that of the semi-public

institution. In most towns, which possess a homœopathic chemist, one of these Dispensaries may be found. There is generally a committee, and a varying number of subscribers, who get for their subscriptions tickets to distribute. There is, however, this difference between it and the Public Free Dispensary—that many patients, who are either unable to obtain a ticket, or who are scarcely objects for charitable relief, go directly to the chemists and purchase for themselves a ticket entitling them to attendance and advice as Dispensary patients. There can be no doubt that this leads in many cases to abuses similar to those seen in out-patient practice at most of the large hospitals. Patients, who can well afford a moderate fee to a medical man, take advantage of the Dispensary and use it as a means of obtaining the doctor's advice and their medicine at a considerably cheaper rate than they otherwise could. Still, in the majority of cases these Dispensaries do an immense amount of good in their various neighbourhoods, and have materially advanced the spread of homœopathy.

The third form of Dispensary is the proprietary or self-supporting one. By this we mean Dispensaries, opened in new neighbourhoods or at the chemists' shops by medical men, at which the patients pay for their treatment a certain fixed sum, low enough no doubt in most cases. These are to the homœopath what his surgery is to the allopath ; and apart from the financial success of the undertaking, they open up a great field of clinical work, which, to the young practitioner, at any rate, is most valuable. Shut out from the hospital work which he has just left behind him, the beginner in homœopathy finds at his Dispensary the school for thought and careful trial, which are so essential to true successful practice. At the same time the public benefit largely by the Dispensary, as they obtain at a small cost medical treatment of the most advanced type, which most

of them could not possibly have obtained otherwise. One of these Dispensaries commenced in a densely populated district of the poor, where, from various circumstances, the other forms of Dispensaries are impracticable, acts as a centre of light, leavening the district to such an extent, that in a surprisingly short time a considerable homœopathic practice will often spring up around it.

We think it is a duty of paramount importance that every homœopathic practitioner should be connected with a Dispensary of some form or other. Let him recollect that in most cases the poor are, from their position, very unlikely ever to become acquainted with homœopathy as private patients, while homœopathy ought, if possible, to try and do as much for her poor as allopathy does. We have not, of course, so many opportunities, but if each of us were to avail himself of those opportunities, which ever and anon present themselves, there is no doubt that homœopathy, the poor, and the practitioner would be greatly and mutually benefited. The popularisation of homœopathy should be our great aim; we are unfortunately too apt to expend our energies on controversial proselytising. Were we to devote ourselves more systematically to the spread of the knowledge of homœopathy amongst the masses, we should greatly expedite the time when public opinion will force the medical profession as a body to pay attention to the claims of homœopathy. When we can point to Dispensaries in every city, such as those of Liverpool, Manchester, Bath and London, each with its hundreds and thousands of patients; when we can show a widespread *clientèle* throughout the length and breadth of the land, there is little doubt that our claims to notice and public recognition will no longer be disregarded.

Let us, then, for the sake of the future of homœopathy sharpen our weapons of aggression, the chief amongst which are, without doubt, our Dispensaries.

CAN *BAPTISIA* CUT SHORT TRUE TYPHOID FEVER?

By D. DYCE BROWN, M.A., M.D.

THIS question is an extremely important one, and one not easily decided. For when a case presenting symptoms like the early ones of typhoid get well in a comparatively short time, it is difficult to prove that they were cases of genuine typhoid. Dr. Hughes (*Manual of Pharmacodynamics*) comes to the conclusion that the fever which is aborted by *baptisia* is not true typhoid, but "simple continued fever"—something different from "febricula," and yet not the other, or typhus. Into the arguments *pro* and *con*, and the sifting of the evidence on either side of the question, I do not here propose to enter, as this would involve a long paper. I simply relate three cases in which the evidence was, in my opinion, indubitable, that they were cases of true typhoid, and in each of which the disease was cut short by *baptisia*. The results of these cases lead me to form the opinion that while *baptisia* is not to be reckoned a specific in the sense that it will abort every case of typhoid—for many cases run their regular course in spite of *baptisia*—yet that, when indicated, it does sometimes cut short the genuine disease. As to the homœopathic or symptomatic similarity between the early stages of the disease and the pathogenesis of the medicine there are not two opinions.

CASE I.

Last summer, during the dry, hot weather, the water-pipes supplying a part of Bayswater burst, leaving many houses in a state of absolute want of water. In one of these houses Miss Y., and the other members of the family, noticed offensive drain smells at this time. She felt ill for some days, had a rigor, and when I saw her the temperature was 102.4°, and all the symptoms of commencing typhoid were present. By the end of the first week one or two spots were perceptible, there was slight diarrhoea, &c.; in fact there was no doubt as to the nature of the case. I had her removed to another house the day after I first saw her. I prescribed *baptisia*, 1 x., 2 drops every 2 hours. The case progressed admirably. By the end of the first week the fall in temperature was very noticeable, and on the thirteenth day it was normal, the

pulse also normal, and she expressed herself as feeling so well that she wanted to get up. After my visit on that day she was allowed by her friends, most injudiciously, to read some Australian letters, which so excited her that the temperature at once rose to above 103° . *Baptisia* now failed to check this relapse, and she went on to the twenty-eighth day, when the temperature came down again to normal, and convalescence proceeded as after an ordinary case of typhoid.

Now, in this case, had there been the least doubt of the genuine nature of the disease, this would be dissipated by the occurrence of the relapse, going on to the twenty-eighth day from the commencement of the fever. The relapse was, of course, disappointing to myself as well as to the patient and her friends, but I think that the normal temperature and pulse, with freedom from all symptoms of illness on the thirteenth day, is, in this case, ample proof of the powers of the medicine to cut short the disease, as there can be no doubt, I think, that had not the indiscretion above alluded to been made, Miss Y. would have convalesced from that date.

The failure of the *baptisia* to check the relapse is also noteworthy.

CASE II.

Quite recently, two young ladies—sisters—were taken ill about the same time with symptoms of typhoid fever, the temperature in both rising to 103° , and presenting the well-known symptoms, including diarrhoea, &c. The eruption in both was very scanty, but one or two spots could be detected. *Baptisia* 1 x. every two hours was prescribed for both. The elder one progressed most favourably, but fever ran the usual course of twenty-one days. The younger sister however fared better, and by the eleventh day the temperature was normal, as was also the pulse. The appetite returned, and she was so little pulled down by her comparatively short illness, that I allowed her to be out of bed in two days. She went on thus perfectly well for three days more, when her mother injudiciously, after having given her a warm bath, took her at once into another room. The result of this was a rigor, and a complete relapse. The temperature went up as high as ever, and in spite of *baptisia*, the case went on to the twenty-first day from the commencement of the illness, the temperature falling on the same day as her sister's.

This relapse, though short comparatively, was very unfortunate, as a second time occurring in a case of undoubted typhoid which had been cut short by *baptisia*. It, however, in my opinion, in no way invalidates the fact of the patient being perfectly well in all symptoms, including temperature and pulse, till the rigor after the bath, and the subsequent exposure. The *baptisia* did not check the relapse, though it was a comparatively short one. Had there been any doubt as to the genuineness of the case, the fact of her sister's fever going on to the twenty-first day, with all the prominent features of typhoid, would dissipate such doubt.

CASE III.

This presented some features of much interest, and I therefore give the notes in full as reported by the Junior House Surgeon at the Homœopathic Hospital (Mr. Frank Shaw).

Alfred Nicholson, æt. 18, printer, was admitted at the hospital on February 13th, 1882, under the care of Dr. Dyce Brown.

Patient has always been strong and healthy.

Last Friday evening (Feb. 10th) first complained of feeling unwell; felt languid, had a headache, and went to bed early; but was able to go to his work as usual on Saturday morning. He was, however, obliged to give it up on account of headache and feeling generally ill. He had no appetite, and his bowels were not open. He took four opening pills, and the bowels were moved three times. Motions loose but light in colour. He got worse towards morning, and wandered a good deal during the night. On Sunday he was no better, and kept his bed; anorexia and great thirst. Pain across the lower part of his chest. Felt cold, and had some rigors.

Was first seen at home on Monday (13th). Tongue coated with thick, whitish fur. Abdomen distended; soft and tender. No spots. Rigors. Complained of intense headache, and feeling cold. Temp. 105; resp. 40. Some rhonchi to be heard all over chest. Wanders when he sleeps. He is not deaf. *He says that three of the lads working in the same workshop with him have lately (within the last six weeks) had typhoid fever. One has died.*

Patient was sent into the London Homœopathic Hospital the same day. To be kept on milk. Ordered *arsen.* 3x., *mj. bapt.* φ, *mj.* every two hours in alternation. A tea-

spoonful of brandy every two hours; wet linen compress to abdomen.

Feb. 14th.—Temp. $\frac{104.2}{104.4}$; p. 112, very soft and compressible; res. 40; slept five hours during the night, but wandered a good deal. Is very heavy this morning, but can be roused when spoken to. Tongue very coated, except at edges, with brownish-white fur. Abdomen full, resonant, tender on pressure. One doubtful, rosy lenticular spot on lower part of chest. Bowels open once; motion of a typical peasoup character. Urine thick. Dr. Dyce Brown saw him to-day for the first time. He considered it unnecessary to alternate the *arsenic* and *baptisia*, and prescribed *baptisia* alone in half-drop doses of the mother tincture every two hours. To continue the brandy every three hours.

Feb. 15th.—Temp. $\frac{103.8}{102.6}$; p. 108, very soft. Slept three hours during the night. Wandered a great deal, and tried to get out of bed. Bowels moved five times; stools very loose, light and typhoid in character; tongue thickly coated, dry in the centre; urine sp. gr. 1028; acid. Large quantity of lithates. Ordered *baptis.* ϕ $m\frac{1}{2}$ every hour. Continue the brandy.

Feb. 16th.—Temp. $\frac{103.6}{101.8}$; p. 106; passed a very restless night; delirious; cough troublesome; expectoration tenacious, and slightly tinged with blood. Tongue cleaning posteriorly, very red and dry at tip; bowels open twice. Ordered *bell* 1x., *mij.* at night if delirious. Continue *bapt.* every hour.

Feb. 17th.—Temp. $\frac{103.6}{98.2}$; p. 80; res. 24; better towards yesterday afternoon, became less wandering, and took notice of what was going on in the ward. Delirious towards night and tried to get out of bed. Passed ϕ under him; two actions otherwise. This morning sleeping quietly. Tongue cleaner but very dry. *is* nourishment well. Cough still troublesome. *mchi* to be heard. Two spots on abdomen. Looks *id* dull, but pulse is much stronger. *Baptis.* for *arsen.* 8x., *mj.* 3 hrs.; omit brandy; *pt. bell.*

Feb. 18th.—Temp. $\frac{98}{97.8}$; p. 56; rather irregular; resp. 36. Has had much better night; slept well; slightly delirious at times. This morning tongue cleaner, moist. Bowels open three times, very loose. One or two fresh spots; cough better. Ordered *arsen.* 3 x., mij. three hours, pt. *bell.* at night.

Feb. 19th.—Temp. $\frac{98.6}{98.2}$; p. 56; regular; res. 32. Slept well for seven hours; not delirious. Bowels open twice, very loose, light. Tongue cleaner, rather dry. Hardly any tenderness of abdomen. Omit *bell.* pt. *arsen.*

Feb. 20th.—Temp. $\frac{98.6}{96.6}$; p. 48; regular, soft. Much better. Bowels twice moved. Ordered *arsenic* 3 x., mij. *digital.* ϕ , mij. three hours in alternation.

Feb. 21st.—Temp. $\frac{98}{97.8}$; p. 48; soft, compressible. Ordered beef tea thickened with arrowroot.

Feb. 22nd.—Temp. $\frac{98.2}{98.4}$; p. 48; and stronger; heart's action good. Has been kept awake at night by a few painful boils in gluteal region. Tongue moist.

Feb. 23rd.—Temp. $\frac{99.2}{98.4}$; p. 48; slept better; boils easier; tongue more coated, but moist. Bowels not moved. Pt.

Feb. 24th.—Temp. $\frac{99.8}{98.6}$; p. 52; did not sleep so well; boils larger and more painful. Bowels not moved. Omit *digitalis*, and continue *arsen.* Tea and bread.

Feb. 25th.—Temp. $\frac{99.2}{98.4}$; p. 56; better this morning. Bowels not moved.

Feb. 26th.—Temp. $\frac{99}{98.4}$; p. 48; slept well. Had an enema this morning, which acted well.

Feb. 27th.—Temp. $\frac{98.8}{97.8}$; going on well.

Feb. 28th.—Temp. $\frac{98}{98}$; complains this morning of slight tenderness on left side of abdomen. Tongue slightly coated. No action of bowels. *Nux. vom.* 3 gttj. ter die.

March 1st.—Temperature normal night and morning. Ordered fish. Bowels open naturally. Tongue clean.

From this date temperature normal night and morning, and boy has gone on uninterruptedly well, gaining strength daily, and he may now be considered (March 17th) as quite well.

China 1 x., gtt. v. ter die, was substituted for the *nux. vom.* on the 4th of March.

This case is interesting in several ways. 1. The illness was so severe on admission as to require the administration of brandy, an unusual necessity so early, but the soft compressible pulse, and his general condition called for it. 2. The case was unmistakably one of true typhoid. 3. The temperature was normal on the morning of the eighth day, and both night and morning on the ninth day. 4. The diarrhoea continued some days after the temperature became normal. 5. The pulse fell down to 48, and continued about that number of beats till he was able to be out of bed, with the exception of a rise to 56, when the boils on the buttock caused a slight rise of temperature. It was on this account that *digitalis* was given in alternation with *arsenic*. It seemed, however, to have very little effect, except that the pulse became stronger. The heart's action was not weak. As it produced so little result in quickening the pulse, and as the heart's action was so good, the *dig.* was omitted after a few days. I had come to the conclusion that in all probability the boy's pulse was naturally a slow one, since at first it was only 112, with a temperature of 105°. At the date of the conclusion of the report, however (March 17th), his pulse had risen to 80. The slow pulse then must have been a result of the depressing action of the fever poison.

In conclusion, I claim that these three cases are sufficient positive evidence, outweighing any amount of negative evidence, to prove that *baptisia* can and does cut short certain cases of true typhoid, while, in other cases, for what reason one is ignorant, it only goes the length of mitigating the symptoms, and so rendering the whole illness milder than would otherwise occur. The special indications for *baptisia* are well known, so I forbear entering on this point.

29, Seymour Street,
Portman Square, W.
March 20th.

CLINICAL CASES, WITH REMARKS.*

By S. H. BLAKE, M.R.C.S., Liverpool.

CASE VII.

Chronic Inflammation of the Lachrymal Sac.

MARCH 8th.—Mary M., aged 60. Has swelling with some tenderness over the region of the lachrymal sac and duct. The entire structures, from the upper part of the superior maxillary bone towards the inner canthus, are elevated and swollen, with hardness, as if the bone and its coverings are thickened. The swelling also extends upwards, invading both the upper and lower eyelids, and over the whole is a diffused dull red erysipelatous blush, reminding one of that erysipelatous redness of the face for which *rhus tox.* is so often beneficial. There is no overflow of tears, hence the lachrymal passages do not appear to be materially obstructed. The right eye is the one thus affected. This condition has been in continuance now for six months, during which time the complaint has been getting no better, and of late has become decidedly worse. There is some pain, but not severe. The bone over the sac feels as if elevated and thickened. It is worse when the wind is cold and she is exposed to it. Formerly when it first commenced there was a sharp pain in the sac, “as if something were round” therein, together with pains shooting in both ears. In other respects she is in good health. I gave a trial to *acid fluoric* 3 c pil. om. 6â hor.

March 15th.—She reports herself “a great deal better.” “The effect of the medicine is wonderful.” On examination I found the tumidity and erysipelatous blush over the eyelids gone and the redness and swelling of the skin over the lachrymal sac very much diminished. There is still, however, some of the bony hardness remaining by the side of the nose which could not be expected to diminish much in so short a time. Altogether there is very great relief, and there is little or no tenderness now. Repeat medicine.

Considering the action of *rhus t.* on the lids with “erysipelatous œdema,” and its action on conjunctivitis, with “lachrymation in the open air,” one might have expected

* Being part of a series of cases, the record of which gained for Mr. Blake the “Epps” prize of £10.

it to have suited also this case, and to have removed the swelling and erysipelas—although there appeared to be a deficiency in the *Materia Medica* as regards its action on the lachrymal sac particularly, yet should this condition come on after exposure to cold and wet, one might expect good from *rhys tox* for the erysipelatous swelling of the sac. However, as above seen, the *fluoric acid* effected great benefit.

CASE VIII.

Chronic Disease of the Lachrymal Apparatus.

Ann A., aged 43, has been under homœopathic treatment for a considerable time. During a period of eight years she has been treated (and by various doctors) homœopathically for disease and obstruction of the lachrymal sac or its duct. At intervals, of course, she has required from time to time intercurrent treatment for other more temporary ailments, but has not during this period received any material benefit for the lachrymal symptoms. I am not able to supply the details of her treatment during this number of years, but the first details in my possession are those occurring from July 10th, 1880, to August 14th, 1880, during which time she was under *cimicifuga*, 3 t.d. This patient first came under my own observation and treatment on August 14th, 1880, and a note was made that “the lachrymal sac of the right eye swells and discharges pus at intervals. The eye constantly overflows with water; the lachrymation at times only is scalding, but in general it is bland. The eye becomes worse when she goes into the open air. There is no perceptible amelioration from the *cimicifuga*. The sac is tumid, rather reddened, and tender.

August 14th.—*Acid fluoric*, 3 ter. die.

(*Materia Medica*.—Increased lachrymation, itching in canthi, fistula lachrymalis.)

There is nothing special about this woman's appearance, beyond that she looks worn and weakly, considering her age. The face is much wrinkled; she is thin, and of nervous, bilious temperament. I am not able to trace the chronic inflammation of the lachrymal passage to any distinct causes except that it is worse in cold air and by taking cold.

September 4th.—She proclaims the eye considerably better. Repeat.

The medicine was continued until September 11th, when, during my absence, a colleague saw her for me, and for some reason, perhaps for the discharge of pus, kindly changed the medicine for me, and ordered *hepar 3*, t.d. s.

September 25th.—Reports her eye as “worse.” To repeat *ac. fluoric*, 3, t. d.

October 9th. Eye feels easier, but there is hot and scalding watery discharge. Repeat.

October 30th.—Improvement. Repeat.

November 13th.—Improvement. “The substance,” she says, “still continues to come at intervals as before,” (the inflammatory tumefaction?) and it fills up, too, but this event takes place “less often than it formerly did.” It also, “comes and goes away sooner.” Repeat.

December 4th.—Improvement continues. Repeat.

December 11th.—Has been suffering from epigastric pain and vomiting of food and “phlegm” from stomach. Has sour and bitter eructations. I find she drinks too much strong tea. Ordered her to discontinue tea. Nevertheless, *fluoric acid* produces these symptoms:—“bilious vomiting after slight errors, with increased alvine discharges, preceded by tormina.” Repeat.

January 1st, 1881.—Vomiting or regurgitation back again after eating still continues. “It comes up into the throat in lumps” (pathogenetic). *Fluoric acid* produces a peculiar variety of dysphagia, of which I will shortly describe a cure, the pain occurring in the act of swallowing from implication of the throat and gullet. These symptoms are increased after exposure and slight colds. To continue, she further adds, “Lumps of food return up the throat, and with them phlegm, and this occurs with pain in the upper epigastric or lower oesophageal region” (pathogenetic, see Allen). “The pain is like a knife or pins running in there, and is eased by the vomiting and belching.” She is only “easy when lying down in bed” (*bry.*), and there are bronchial mucous râles. She “vomits every kind of food, even so much as a teaspoonful returns.” As an antidote, I ordered *bry. alb.*, 3 x., pil. t. d.

These symptoms, supposing them pathogenetic from *fluoric acid* should be relieved by *bryonia*. It is calculated to relieve the stomach and chest symptoms. The latter may be, perhaps, partly owing to her having taken fresh cold.

Jan. 7th.—Much better as to stomach and oesophageal

symptoms. Bronchitis relieved. The upper respiratory passages and the gullet are in intimate relationship. They are supplied contiguously by branches of the same nerves. Rep. *bry.* 8x.

Jan. 15th.—The chest and epigastric pain are now very much less. "The medicine has done her a great deal of good," and the "cough is less." She says she has received "great benefit from the treatment during the past three weeks," but is, of course, not aware that *bryonia* has been given only for two weeks, and that possibly the symptoms increasing during the previous week were owing to the increasing action from the *fluoric acid*. I now changed again to *acid fluor.* 3 c. t.d.

Jan. 22nd.—Continuing in improvement. Repeat.

March 5th.—Has been absent from my notice since the last prescription, for she felt herself so far well as not to require treatment. Nothing of the lachrymal disease has been since noticed. The only symptom she has noticed during the past few weeks has been this, that after the least cold air, the sac has been apt to fill up with tears occasionally, and on a little pressure they return and run over the lid, but otherwise there is no inconvenience. The general lachrymation has disappeared, the sac has ceased to become hard, inflamed, and to discharge pus as it did formerly at intervals, and the general health is good. Thus this disease, which had continued unabated for eight years, has ceased to be a trouble during the past few months during the treatment by *fluoric acid*, and the tears are now able to take their proper course through the nasal duct.

I need not omit to mention that during the last week of treatment the patient also noted a new symptom to her in the left eye, previously healthy, and which is also found under *fluoric acid*, namely, she felt a sensation in the left eye as if some sand had been blown into it, and since has had some small pimples on the left eye lids, and a sensation as of "dust moving about" between the lids and the eyeball, symptoms which I believe to be pathogenetic;* but none of these were present when I last saw her on March 5th. The left was then well.

Inflammation of the sac has been cured by *silicia* 6, and fistula by the same medicine, also by *calcareo c., nat. mur.*,

* A symptom is given in Allen's work in quite a similar form to this one, as pathogenetic.

and *causticum*, as well as by *fluoric acid*. It is interesting to observe the connection of the disease of the lachrymal apparatus with inflammation of the eyelids, and to note that the medicines for the cure of lachrymal disease are all noted and powerful eyelid medicines. The fistula in many instances appears to be but a further extension of the inflammatory and obstructive process, and if this can be subdued with reopening of the duct, or a passage along the proper course of the duct, then the fistula also may eventually close, and so restoration be thus complete. That the mechanical law should sometimes present itself to be applied here is not unlikely, but if so it can be but a useful auxiliary at times, just as the bougie and the catheter are in stricture of the urethra, and in no way can its use dishonour the homœopathic law, nor can it compromise the ability and credit of the homœopathic practitioner, as some would have us suppose, any more than it can deprive him of the right to term himself a homœopath should he feel so disposed. *Merc. cor.* and *sulphur* have also played a prominent part in the cures of this disease. That the nature of the affection should vary in different cases is not surprising when we see how various are diseases of the eyelids, and how different the constitutional state is in different persons, pointing the way, as in all diseases, not to one, but to several medicines.

Considering the *Cypher Repertory*, we have :—

Abscess of the sac., *natrum, puls.* Inflammation, *petroleum*. Swelling, *nat. mur., silica*. Ditto of the size of pigeon's egg, *petroleum*. On blowing the nose, *nat. mur.* With dryness of the face, *pet. s.* Pain undefined, *nat. mur.* And under lachrymal bone for inflammation, *mer.*; for swelling, *mer. s.*

Besides some of the medicines already referred to, Angell recommends, under certain conditions, *aconite* and *belladonna*, *hepar, kali hyd., macrotin, stillingia, hydrastis, sanguinaria, arg. nit., cup. sulph.*, and astringent applications, besides other surgical measures suitable for the relief of mechanical obstruction and distention of the sac. He states, moreover, that some of these drugs, prescribed for symptoms quite remote from the eye, have proved beneficial for the lachrymal disease. This latter plan of removing a group of symptoms, often as we notice it to be successful in certain instances, and often unexpectedly, as when the groups referred to are actually not yet found

registered in the *Materia Medica*, but yet disappear when symptoms other than these are the indications taken for the medicine. If this plan be according to definable law, as illustrated, let us suppose, by altering the predisposing cause or some other group of symptoms upon which the group to be removed are dependent, there is nevertheless a great difficulty in carrying out the homoeopathic principle in a systematic manner for each case. This is so, because it is easier to refer at once to the special locality of the symptoms to be removed and find what drugs have been already proved to be in definite relation thereto; whereas if we consider these as of no importance, and throw over all the drugs which produce them as useless unless they happen also to possess the more remote symptoms in addition, or not finding all requisites under one drug, we discard all these drugs and employ others referable only to the constitutional state, temperament, or to more remote symptoms than those we hope to remove. We have thus laid open to us a very wide field, with a small basis of evidence to prescribe upon and perhaps very few or indefinite symptoms. Yet it may be said that the latter method does sometimes produce results quite unexpected, or if expected, hardly with great certainty in the present state of our information. To the perfection of the latter method it is possible that a thorough acquaintance with the pathological sequence of disease, and a reading and enlightenment of the provings in relation thereto, may be of great service, if not a *sine quâ non* clinical application. If the action of *pulsatilla* in disease of the sac and ducts should bear any resemblance to its action in ophthalmia, otitis and deafness, we should naturally suppose that simple inflammation of catarrhal origin having the kind of inflammation characteristic of *pulsatilla*, with bland secretion, if any, and that it will be adopted under those conditions of temperament and mental state so well known since the time of Hahnemann to be appropriate to *pulsatilla*. It is easy to believe that a blenorrhœa of the sac, or even a chronic inflammation of its lining mucous membrane, leading to distension, or, it may be, complete obstruction ending in fistula, might under these conditions be effectually met by *pulsatilla*. The same might perhaps be said of *mercurius*, *kali hyd.* in syphilitic subjects or in scrofulous persons. *Fluoric acid* has in its provings this symptom—"A marked tendency to take cold on the least

exposure"—a symptom often very noticeable in blenorrhœa of the sac. It is quite possible that conditions leading to blenorrhœa in one person would in another person go on to obstruction and bursting of the sac, according to small varying circumstances—differences which may require more variation in the surgical ingenuity than in medicinal application where the medicinal indications remain the same. When, as often, fortunately it happens that we can find a drug to cover both local symptoms and constitutional condition, the method is of course clear and is sometimes easy. In other cases it is open to prescribe precisely for the symptoms of the local disease. Finally, to use only the general symptoms of a patient might necessitate a course of action which if extended in description might lead us through an examination and description of the entire *Maternia Medica*.

With reference to the methods of application of homœopathy it may be questioned whether or not we are not actually compelled to generalise the use of certain medicines, even provided the exactly localised symptoms for which we so prescribe them are not as yet found registered as such in the provings. Thus when we find an acute inflammation of the lachrymal apparatus having the characteristics of *aconite* or *belladonna* (as advised, for instance, by Angell), we use these medicines, taking our indications from their characteristic inflammatory symptoms of the eyelids, face, or other parts of the body; together with the special symptoms dependent on the febrile state simultaneously set in progress. Hence we use *aconite* for an acute inflammation where the general indications are adapted to that medicine, and where the local inflammation is of a type consistent with that produced elsewhere by the drug; and the same method should, if feasible at all, be applicable also to other medicines. When we consider that the lachrymal sac is, as it were, an appendage to the eyelids, lined by mucous membrane continuous with that of the lids, to which it acts as a water conduit, it is not surprising that there should be a paucity of symptoms produced specially on the sac and ducts, as compared with those produced on the eye and lids. It is not unlikely that only in a certain fewer number of persons, we should get symptoms produced at first, and specially on this small and comparatively insignificant structure. On the other hand, nearly all, if not all, those drugs which affect the sac,

act early and markedly on the eyelids themselves, and the symptoms may be regarded as rather extending to the sac than as affecting it singly and solely. It is in certain peculiarly susceptible persons or special contingencies that inflammation of the sac would arise without affection of the eyelids, and we might fairly expect that many drugs capable of affecting the mucous membrane of the eyelids will have also an allied effect upon the sac and ducts consistent with such action, although but few such cases in the provings may have been actually on record. In the curative sphere of observation this action of drugs has been well observed, several medicines having been noted as beneficial for lachrymal fistula, *fluoric acid* being one of such, among which there is an extreme paucity of symptoms proven on this small organ, whether absolute or contingent. Among the symptoms which give us a clue to the use of *fluoric acid* on the lachrymal apparatus, we have not much to rely upon as matter for absolute certainty, yet one may gather from Allen these symptoms:—

“Quivering in the right eye, and soon after a burning shooting pain at the bottom of the orbital cavity.”

Again, “sensation as if the eyelids were opened by force, and a fresh wind were blowing on them; after that, a sensation like sand in the eyeball, resembling the feeling as if the eyes were inflamed. Pricking and burning in the internal canthus, also itching in it.” This is a symptom which brings us at once close up to the lachrymal ducts, and many drugs produce this.

Again, “Deep pain in the posterior part of the right eye, extending very far into the upper jaw.”

“Painful itching in the left eye as if from a grain of sand.” This and the symptom consistent with it above named, as of “wind blowing” on the eye, it may be remembered, are quite in accordance with the left eye symptom which is noted as probably pathogenetic during the treatment of the case of Ann A. by *fluoric acid*.

There are one or two more symptoms also worthy of note, i.e., “In the morning beneath the eyes are superficial whitish puffy folds extending towards the nose.” “The upper jaw-bones are much affected by the medicine.” Hering gives these indications:—

Puls., fistula l., discharging pus when pressed. *Petroleum*, fistula ls. (of recent origin). *Nat. mur.*, fistula, stricture of duct, blenorrhœa of sac. *Silica*, fistula, bone

affected, swelling of right sac, skin over it inflamed, glistening, throbbing pain, tears hot, worse evening. *Calc. c.*, fistula suppurating.

CASE IX.

Fluoric Acid produces a kind of dysphagia for which, if appropriately used, this medicine is abundantly curative, as the following case will serve to demonstrate. Affections of the œsophagus and stomach of this description are not nearly so frequent as many other ailments, so that an unusual interest attaches itself to instances of cure, when the symptoms are referable specially to the œsophagus.

Mr. J. S., aged 50, consulted me for the first time on March 1st, 1881.

Previous history:—Has been suffering from his complaint [which will shortly be described] for five months. At the outset of the disease he was under homœopathic treatment, but only for a brief period, too short to get any amendment, and he thinks he received at that time *arsenicum*; but as he very soon removed from the south of England to London, he then gave up homœopathy, and placed himself under a London physician from whom he received some benefit; but, as he subsequently “took cold in the chest,” the malady returned, or rather, became worse again, for it had never been fairly removed. The first physician referred to diagnosed his case as one of ulceration of the œsophagus, at or near the cardiac orifice of the stomach, and the physician under whose treatment he was before coming to me acquiesced in this verdict. In my view also the symptoms were consistent with this opinion of the nature of the disease. His symptoms, as presented to me, were as follows, which I will recite under the heading of present condition:—

He suffers from a severe pain referred to the mid-chest, that is behind the sternal region, about half way or a little below this point, between the top of the sternum and the xiphoid cartilage. This pain is only felt when swallowing, and it comes on “immediately on swallowing,” during the very act as it were. This pain attends especially the swallowing of solid food, so that he dares only to take small quantities of liquid nourishment. During these months he has been gradually wasting until he has become very much reduced in bulk and weight. His appetite is very good; he feels hungry but cannot eat for the pain, though he longs

for and likes the food. He can swallow fluids, like soup, without pain, so this kind of food has constituted his only means of sustenance. However, hot milk and bread even disagrees with him, whereas cold milk suits. He cannot manage the bread with the milk. The pain appears also to extend down so far as he is able to localise it, to near the region of the xiphoid cartilage, and when swallowing he describes it as a "severe cutting," as if the food were passing over a wound there. He is very liable to take colds, and after every cold the oesophageal pain is worse again. Has no flatulence; No bitter or sour eructations, or very little; bowels regular; no thirst; no chills; no pyrexia. Tongue, slightly whitish coat at back, otherwise quite healthy-looking. Expectorates a small quantity of frothy sputum from chest. There appears to him to be a difficulty in the passage of the food at the spot where the pain is experienced. He has only once vomited some blood, which was six months ago. It was black and clotted blood. There is especial difficulty in swallowing bread. No pain in the epigastrium, nor in the other parts of the stomach and abdomen at any time.

The pain is most distinct during the act of swallowing, or rather after it has just passed through the throat, but continues somewhat after the act of swallowing has just been attempted. His own description is the best—"immediately on swallowing." "When he tried to eat oatmeal it made him vomit." Of late only he has had hiccough when eating, and an eructation of phlegm with the cutting pain. There is no pain after the food "is once fairly down."

Referring these symptoms to the *Cypher Repertory*, we have:—

Pains referred to the epigastrium.	{	Pain immediately after eating— <i>ba. a., bry., coc., cap., grp., thuja.</i>
		Pain after the smallest meal— <i>china, c. ph., lob., merc., nux v., sar.</i>
		Pain after all food— <i>iod.</i>
		Pain after solid food— <i>ba. m., alm.</i>
		Pain when eating— <i>ana., aug., bell., bry., chi., grp., led., man., mer., ni. x., rho., san., sug. thuja, ver.</i>

[I will refer to oesophageal pains farther on.]

The medicines first chosen for the patient's treatment were not successful. It is to be hoped that no one else ever chooses a medicine which fails to immediately cure a patient. If there be such a fortunate physician in

existence, I should be gratified to have the pleasure of his acquaintance, not having as yet met with such a divine person in the flesh. Suffice it to say that *bryonia* 1 x was first given, and the patient had a cough at the time, which it did some good for, but not the least benefit had followed, as far as the stomach was concerned, by March 3rd, when he reports that on attempting to take solid food, it returns again as if vomited *en masse*. After eating, also, there is the "copious mucous frothy" fluid returned afterwards.

"Soup even now does not digest well." "Has digested his breakfast of fluid nutriment, but has taken nothing since (now 7 p.m.). Port wine or hot coffee seem now to be the only things that will stop down. The food sticks" at one point as before described. Here we see disease as merciless as it can well be. It is a case of slow starvation. He "does not know what the taste of a dinner is," and "he bids fair to rival the famous Dr. Tanner." *Verat. alb.* 1 gtt. i. ϕ 8rd hour.

March 5th.—Pain as before; symptoms no better whatever. *Merc. cor. b.* was then given, likewise without avail.

He again comes four days afterwards. His patience is exhausted. Finding himself no better and slowly starving, he feels himself no longer able to attend properly to his occupation. He will go to London on business shortly, and will think of consulting a physician there. I give him a note of introduction to see a Liverpool consulting physician in case he does not go to London. He decides to do so, but to try one more prescription before leaving me, as a last shot. Considering the susceptibility to take cold, noted as characteristic of *fluoric acid*, and the peculiar oesophageal symptoms of this drug, I decided to give this a trial and ordered *ac. fluoric*, gtt. ii. 6 hours. See Allen. "Sore throat, with difficult deglutition, as far as below the larynx; felt so sore that the bread, although masticated very thoroughly, could not be swallowed without the greatest pain, after smelling the acid 5 p.m. until the next morning after breakfast: the same morning, hawking up of much phlegm mixed with some blood; during the day, abatement of the symptoms."—*Proving*s.

The patient did not appear again until the 22nd of March, by which time I supposed he had gone to London, when I met him accidentally in the street, and on enquiry learned that he had been so much better directly after taking the last medicine that he did not feel in any urgent

need of calling on me. This medicine, said he, "has just done the thing for me." It has "acted on the painful spot," and I can now "swallow solids without discomfort." This effect was not immediate, but the symptoms had become gradually and increasingly ameliorated ever since commencing the *fluoric acid*. I took, he said, "my first good dinner last Sunday (20th March), and I have been able to eat well since and digest food properly" so that "I think this medicine has just done what was required at the painful spot." Such were his words, and so I left him; promising to call and see me again in a few days. He was quite satisfied with the result, and so am I. This medicine was prescribed from the *Materia Medica* without the aid of an index; and if we refer to the symptoms in Allen's work for the peculiar sort of dysphagia of *fluoric acid* we note the following symptoms in addition to the one already quoted in full. Thus we find "soreness in the pharynx, extending down below the larynx; swallowing bread is painful," (the very symptoms my patient experienced). In the back of the throat, low down, at the entrance of the œsophagus, more to the left side, a sensation as if it were somewhat raw, or as though an ulcer would form; it was indefinite and slightly painful, yet it seemed very troublesome, and twice while hawking he thought that blood would come from it, in the morning and forenoon." If this be compared with the history of the case recorded, the symptom of blood coming up is very significant, although this occurred only once in the early commencement of the disease. Again, Allen gives, "the greatest difficulty was experienced in getting him to swallow anything." If the experimental proof of homœopathy rested only upon this one symptom cured, it would be for me sufficiently conclusive. Then, as regards the appetite, there is the "longing for coffee," also "hunger," and again, "he eats little though his appetite is good;" all probably dependent symptoms. On the throat itself, and apparently low down in it, there is the constriction, hawking of bloody mucus from low down, and one very peculiar condition is noted by one prover, "a singular sensation as though the passage from the mouth to the nose was wide open during his walk in the open air," which is not unlike the peculiar eye symptom, when it feels as if the lids were drawn wide open, and cold air were blowing upon the eye.

With this drug there is a noticeable absence of pains seated actually in the stomach, although burning, pinching and pressure are noted, whereas the throat and gullet are distinctly the seat of pain, connected with swallowing food. When we have to do with œsophageal pain, even where it comes at or close to the cardiac orifice, the epigastric pains are of minor importance for reference, yet it may be of some use to turn to some symptoms connected with these, and more especially the symptoms "pain when eating," or "pain immediately after eating," even if referred downwards towards the epigastrium. It is possible that a group of medicines thus pointed out for us might contain some one or more having a bearing on the cardiac orifice of the gullet, where it actually unites with the stomach itself.

The actual seat of the pain becomes of great importance in selecting for specially œsophageal disease on the one hand, and gastric disease on the other hand. Nevertheless, in some diseases we are placed in some difficulty if we attempt to draw the line here in selecting from a repertory, because many sensations are reflex and not referred always directly to the seat of the lesion. For instance, in the knee pain of hip joint disease it would be wrong for us to exclude hip joint symptoms as of secondary importance to the knee pain. The safer plan, no doubt, is to look over both groups in search for an applicable medicine.

If we refer the selection for dysphagia to the *Cypher Repertory*, we find a vast number of medicines under "Throat." Among these *lachesis* acts as if "food were opposed at the cardiac orifice," and "drinks return through the nose." With *stramonium* "the velum hangs low, food passes it with difficulty, and causes scraping pain. Inability to swallow bread and milk." These symptoms appear to be actually associated with an affection as paralysis of the velum palati rather than the gullet proper.

Again, under *œsophagus fluoric acid* is not recorded possibly because the word "œsophagus" is not given as such in the provings, although Allen notes the word dysphagia. However, so many drugs have symptoms actually noted as pertaining to the gullet that it would be impossible to notice them all here, but notably there are for dysphagia in the *œsophagus c. ch., k. carb., ox. acid.*

Colchicum.—"Pain in throat and larynx and muscles of neck. Pain down œsophagus and impeded deglutition," symptoms in themselves distinctive enough.

Kali carb.—Dysphagia. “The food passes slowly down. Sensibility of œsophagus, warm food burns him; he can only take tepid things.”

Oxalic acid.—“Dysphagia and burning in œsophagus and throat.” “Morning dysphagia.” To these we might add, to judge from its provings—

Fluoric acid.—“Dysphagia, bread causes great pain, with sensation as if a raw place, sore or ulcer were in the throat low down, with hawking up of phlegm.”

Merc. has burning pain, but otherwise resembles the case cured by *fluoric acid*. *calc. carb.*, *ba.-carb.* *kali bic.*, *nat. mur.*, *nit. ac.*, *sulphur*, *tar.*, *tri.*, *verat*, on the gullet, but the symptoms are peculiar in each case, and different from the case recorded.

None of these drugs are noted as having the cutting pain described by my patient, and I regard his description of the pain as badly chosen, and that “smarting like a sore,” or as if “food were passing over a sore,” are the more applicable terms for the former, of which *fluoric acid* is specified, together with a legion of other medicines. Pains on swallowing also are common to many drugs, including *fluoric acid*. *Aurum* was “only when swallowing.” But most of these symptoms are truly upper throat symptoms, and not lower œsophageal, although *aurum* claims the extreme sensitiveness to cold air, like unto *fluoric acid*.

*Indications according to the Symptoms of the Locality of the Sac.**

Nat. mur.—“Catarrhal susceptibility to wind. Burning in the inner canthus. Acrid lachrymation in open air makes canthi red and sore.” This character of the tears may perhaps induce inflammation of the lining of the sac.

Silicia.—Swelling of gland and sac. Burning and stinging pain of lids. Hard mucous agglutination. Lachrymation and dimness of the eyes.

Sulphur.—Lids red and swollen in the morning. Lachrymation and coryza morning and in the open air. Burning, acrid and profuse lachrymation. Itching.

Merc. sol.—Lachrymation in open air.

Kali iod.—Lids bluish, red swelling. Swollen, red and ulcerated.

Pulsatilla.—Stye on the lid near the inner canthus. Lower lid inflamed with morning lachrymation. Lachry-

* From Allen.

mation in cold open air or of one eye, with drawing headache; blear-eyed; morning agglutination. Burning, itching, biting and pressive ocular pain are also symptoms of *pulsatilla*.

Petroleum.—Much water presses out of both canthi. Lachrymation though in open air; not necessarily in cold air, and it continues even indoors. Inflammation and swelling of the size of pigeon's egg at the inner canthus, like an incipient lachrymal fistula, with dryness of the right side of the nose, lasting several days. Burning, biting of the lids, and lachrymation in the open air.

Calc. carb.—Profuse lachrymation of right eye, with burning. Morning and evening lachrymation, and when writing.

Hepar, calc. c., merc. cor., kali iod., are found to be very deficient at present in symptoms referable directly to the sac, hence, if prescribed, they have to be employed according to indications other than those more immediately connected with this seat of this disorder.

ON ELECTRICITY: ITS PHYSIOLOGICAL ACTION AND THERAPEUTIC USES.

By DONALD BAYNES, M.A., M.D., F.R.G.S.

(Continued.)

Dynamic Induction or Faradism is of two kinds.

(a) Electro-magnetic.

(b) Magneto-electric.

The principle of these forms of electricity is as follows: If two conductors be placed near each other, but not in contact, and a current of electricity be passed through one of them, a momentary current of the same kind, though passing in an opposite direction, will instantly be produced in the other. If the current be now stopped, another momentary current will again be produced, but now in the same direction as the current passing in the first conductor. The current passing through the first conductor is called the primary or inducing current, while the momentary current set up in the second conductor is called the induced or secondary current. These are in all cases momentary, occurring only at the moment of opening and closing of the inducing or primary current. In like manner induced or

secondary currents may be used to set up other induced currents in other adjacent conductors; these are called ternary currents and may again be used to set up other induced currents in adjacent conductors, called quaternary currents, and so on.

We have already seen that a piece of soft iron becomes magnetic while in connection with a galvanic or other electrical current, and that this magnetic condition disappears on the cessation of the electric current. These facts have been taken advantage of, and are well exemplified in the construction of induction machines or batteries.

In taking a galvano-faradic or electro-magnetic machine to pieces, it is found to consist of the following parts:—

1st. The galvanic battery of one or two cells.

2nd. The primary coil, which is made of a short thick insulated wire wound round a bobbin. One extremity of the wire is attached to the battery, and the other to the contact breaker.

3rd. A bundle of soft iron wires, called the core. This is placed inside the primary coil, and is well insulated from it.

4th. A metallic tube, which passes over the core of iron wires, and can be drawn out or pushed in at will. This modifies the strength of the current very considerably, according as it covers or uncovers the core of wires.

5th. The secondary coil, made of a much longer and finer insulated wire than that forming the primary coil. It is wound round the primary coil, but is insulated from it, and is quite independent of the rest of the apparatus. The two extremities are attached by means of binding screws to convenient parts of the frame-work of the machine, where the electrodes intended to carry away the secondary current can be connected. Branch wires from the extremities of the primary coil are attached in a similar way, for connection with electrodes intended to convey the primary or "extra current."

6th. The contact breaker or interrupter. This is a steel spring terminating in a hammer-like head, which is placed close to the front end of the core, and vibrates in front of it. It is connected, as before mentioned, to one extremity of the insulated wire forming the primary coil. About the middle of this spring, on the opposite side to the hammer-head facing the core, is a small disc or plate.

of platinum, and resting against this is a fixed screw tipped with platinum, and so arranged that it can regulate the vibrations of the spring.

The induced current in the secondary coil depending, as it does, on the opening and closing of the galvanic or primary current, it is necessary to have the means of doing this regularly and automatically. This is perfectly carried out by the contact breaker, above described, as follows:—

The core of wires becoming magnetic, as the galvanic current passes through the primary coil, attracts the hammer. This, as soon as it touches the core, demagnetises it (owing to the current being broken by the separation of the hammer from the screw), and being set free, flies back to the screw by virtue of its own resiliency; the core again becomes magnetic, again attracts the hammer, which again demagnetises it, and flies back to its place as before, and so on, thus causing a regular series of interruptions.

At the moment the core becomes or ceases to become magnetic, it increases the strength of the current in the primary coil by induction. The turns in the primary coil also act on each other by induction increasing the strength of the current. These currents were called by Faraday "extra currents," and in the Faradic medical machines are collected and used under the name of the "primary current." The current induced in the secondary coil is also strengthened by induction between its coils.

Magneto-electricity is an electricity induced in insulated wire coils surrounding the soft iron cylinders, of peculiarly constructed armatures, during the time they rotate in the immediate vicinity of the poles of a magnet.

The medical electro-magnetic machine consists of two coils of insulated wire, having cores of soft iron. These coils are made to rotate rapidly, by means of a crank and handle, in such a way that the cores are brought alternately in contact with the poles of a horse-shoe magnet. The cores coming in momentary contact with the poles of the magnet, momentarily become magnetic, and induce electric currents in the coils surrounding them at the moments they gain and lose their magnetic properties. Magneto-electricity is chiefly used for light-houses, electric lights, &c. Here the machine is worked by steam or water power.

Thermo-electricity is the electricity derived from the action of heat applied at the point of contact of two dis-

similar metals. The metals chiefly used are antimony and bismuth. A thermo-electric pair consists of a bar of each metal soldered together; they are usually made in the shape of a V or U. A series of such pairs form the thermo-electric pile. This form of electricity has been greatly used in experiments on heat. It also plays an important part in physiological research and medical diagnosis. By its use it has been proved that the normal temperature of the left side of the brain is higher than that of the right side. By its means the natural deviations in the temperature of the human body under varying circumstances, mental as well as physical, have been investigated.

ALLOPATHIC VERSUS HOMŒOPATHIC THEORIES.

By Dr. JOHN WILDE.

It is natural that our allopathic opponents should select the weakest spots, as they think them, in our armour, when they point their ridicule at us. At one time it is the dynamisation theory, at another the "psoric miasm." One of their favourite attacks is that directed against the nastiness or the disgusting nature of some of our remedies.

Now, I must say I have felt considerable sympathy with this objection. The "*cimex lectularius*" looks very well in its Latin dress, and the laity may, in a trituration, partake of the blood of this delightful creature in utter ignorance that they are taking sweet revenge on the blood-sucker; but to the initiated there is truly something repulsive in the idea of "smashed bugs," as I once heard the medicament vulgarly called by an opponent.

I have always had my doubts whether the trituration of "Norfolk Howards" was a reliable, if legitimate, remedy in our *Materia Medica*. Any doubts I might have had, and any misgivings which my readers may still entertain, I am happy to say are now rendered nugatory. We may now throw up our hats and cry "*Vivat cimex.*"

Our allopathic contemporary, *The Practitioner*, by introducing the following extract from an American journal, may be considered to endorse the remarkable theories therein set forth; at least, there is no editorial disclaimer attached to the paragraph.

We poor homœopaths have had to suffer for permitting the use of "bed bugs" in medicine, on the principle that the same symptoms induced on the prover by bed bugs were curable, if met with in disease, by giving the trituration of the animals. This, of course, was homœopathy, and therefore was absurd. But it seems you really *can* cure disease by "bed bugs," only you must adopt another theory to explain the cure. Bed bugs, however repulsive in *our* hands, are most delightful remedies if an allopath takes them up, and the theory which explains their use is simple beyond everything; and, moreover, it opens up such a field of speculation, that one marvels how any human brain could have developed the idea. But not to keep our readers in suspense, here is the article in the *Practitioner* for January. It is headed "A New Source of Quinine," and goes on to say—

"A recent writer, under the name of 'Medicus,' in the *Dallas Herald* of September 6th, says:—'In my last paper I asserted that mosquitoes contained a large quantity of animal *quinia*, and, therefore, when they bit a person, they injected into his system an antidote to malaria and febrile causes generally. Since you published my communication, I have captured quite a number of these insects, and macerating them with a mortar in alcohol, have, by chemical experiment, actually precipitated the *sulphate of quinia* to the amount of 70 per cent. of the mass. The "chinch" or bed bug, in sucking blood from the human body, draws nourishment and strength, and, above all, the material which, in the retorts of his body, is distilled into a rich fluid, which, in biting one, he ejects into the body, and this, entering into the body, furnishes an antidote against rheumatism!!'"

Then the writer goes on to say—

"All mercurial preparations cause articular rheumatism. The calomel taken into the system, by decomposition forms corrosive sublimate, not in quantity to produce death, save the slow torture of rheumatism. Corrosive sublimate, as every housewife knows, is the only riddance for bed bugs. The juices of the bugs and the sublimate are the antidotes of each other.'" "

The writer having evolved his theory in the above most beautiful and convincing manner, proceeds to say that bed bugs are an arrangement of Providence for curing rheumatism produced by the corrosive sublimate, which was

produced by the calomel, &c. It is a regular "House that Jack Built" theory, and the whole consists of a series of links, making a chain of evidence not easily broken.

What will allopathic objectors have to say to triturated cimices now? Why, here they have furnished us with, not only proof of curative agency, but have likewise given us a clear and elaborate account of how the cure is brought about, and there is no objectionable homœopathy about it. You may be as nasty as you like, if you keep on the allopathic side of the hedge. Pounded mosquitoes are merely "animal *quinia*," even to 70 per cent. of their delightful organism. In future it will be a positive luxury to be bitten by these anti-malarious creatures. We must look out now for a reduction in the price of *quinine*. Mosquitoes are worth catching. I only hope they will make "animal *quinia*" in the tropical regions, where these excellent blood-suckers abound, as we would rather have them after they have passed "the mortar" than imported "alive, oh!"

Talk about "specifics," and these being few in number! Why, here are two more—the anti-rheumatic bug and the anti-malarious mosquito. Probably every objectionable entomological blood-sucker is an antidote to something or other. We must cherish our lice and gad-flies, which will doubtless turn out specifics; but we must look to America for the ingenuity which shall furnish the theory of their action.

Park House, Weston-super-Mare.
March 5, 1882.

REVIEWS.

Brandt's Treatment of Uterine Disease and Prolapsus by the Movement Cure. Edited and translated, with an Introduction by Dr. ROTH. London: Baillière, Tyndall & Cox. 1882.

WE are much indebted to our indefatigable colleague, Dr. Roth, for giving us an English translation of Brandt's work, which is one of much interest, and occupies an entirely new field. The benefits of the movement cure are being more and more recognised in the treatment of various chronic ailments, especially spinal deformities, and their consequences, paralysis, defective muscular power, &c., but it is new to us to hear of all uterine diseases, acute and chronic, treated and cured by manipulations.

As Dr. Roth has been so successful in illustrating in his practice, and in making more widely known the value of this treatment in spinal and other diseases of this class, it was natural that he should wish to make known the results obtained by similar means in the treatment of uterine diseases, and displacements. In his introduction, Dr. Roth says :—

“ The following is the way in which this treatment originated :—

“ ‘ Mr. Brandt, some years after having, with great credit, passed his examination at the Central Gymnastic Institution at Stockholm (in 1849)—whilst on active service with his regiment—was suddenly called upon to *replace a prolapsus ani* which had occurred in a soldier ; the regimental surgeon being at the time absent from the camp, he was obliged to act at once, and not being acquainted with the ordinary manipulations used in order to replace the protruding gut, he, availing himself of his knowledge of the anatomy of the parts, and calling into practice the principles he had learned at the Gymnastic Institution, at once placed the soldier on his back with the knees bent, and commenced to operate through the abdominal parietes in making a deep pressure, combined with a traction upward and to the left ; by repetition of this movement the gut was actually pulled in. Afterwards, in order to act on the sacral nerves, ‘ *pugal percussion* ’ was applied on the sacrum, and by these two movements the soldier was enabled to turn out for drill the same afternoon, and was not troubled with his prolapsus afterwards.’

“ ‘ In Sweden, prolapsus uteri is a common complaint among the peasant women, who are obliged to go about, and to do heavy work immediately after confinement.

“ ‘ Mr. Brandt was then living in the country, and the thought of applying a process somewhat similar to that which had succeeded so well with the soldier, in order to procure relief for the poor woman was not so very far-fetched.

“ ‘ He, therefore, employed for the purpose three movements of which in the first, by a *lifting vibratory action* the womb was, as it were, drawn upwards or lifted ; in the second a *vibratory point pressure* was directed to act on the nerves, and ligaments of the organ, and in the third a *pugal percussion* was applied on the lumbo-sacral region from which the pelvic organs obtain nerve supply.

“ ‘ The result proves the correctness of the suggestion, and by and by, through the reports of Mr. Brandt’s success, and under the advice and patronage of some medical friends, Dr. Liedbeck, Dr. Lewin, Dr. Sköldberg, &c., who soon saw the *rationale* of the treatment, his practice increased. He has gradually enlarged the sphere of his treatment, and at present (1880), having treated upwards of 8,000 cases, he has, with the aid of interior manipulations, resembling, in a measure, those used by Dr.

Caseaux, successfully treated cases of chronic metritis, parametritis, internal tumours, and, besides, the various deflections of the womb. Mr. Brandt has had several pupils amongst the gynecologists of Scandinavia, and is certainly the first gymnast who has been engaged in a large and successful gynecological practice.' "

"That manipulations, through the hypogastric region have been used by Recamier, I find in Dr. Phillipeaux, *Etude Pratique sur les Frictions et le Massage*, page 182 :—' In certain circumstances Recamier introduced a finger into the anus, if the patient was a virgin or a man, or in the vagina if the patient was a married woman, and placed the tip of the finger on the neck of the bladder, and, if possible, underneath; he tried by pressure with the other hand on the hypogastrium to make sufficient movements, *succussion*, vibration, and oscillations on the neck of the bladder.

" 'Although several of the manipulations applied by Brandt have been made use of by Ling, Branting, and Georgii in the treatment of diseases of the pelvic organs, such as flooding, amenorrhoea, dysmenorrhoea, seminal losses, &c., Brandt has the great merit of having more specially developed the treatment of uterine complaints and prolapsus by the movement-cure, the principal features of which he has made known in the following fifty-three notes, which he has collected since 1861. Dr. Oscar Nissen, of Christiania (who has kindly sent me his Norwegian pamphlet, *Thure Brandts Uterin Gymnastik*, Christiania, 1875, while I was translating these notes), calls special attention (page 4) to Brandt's examination of the uterus, to the pressure on the pelvic nerves, to the manual replacement of the uterus, to the lifting movements and the manipulations inside the pelvis; all of these were originated by Brandt. Prof. Dr. Hartelius, of Stockholm, the well-known director of the medical department of the Royal Swedish Central Gymnastic Institute, writes to me in a letter dated 19 December, 1881, concerning Thure Brandt's method. 'I can say, according to my experience, it deserves to be taken notice of by the physician.'

"With the exception of a few medical men, Brandt's original treatment has scarcely yet been sufficiently appreciated by the profession—which is usually very slow in acknowledging the merits of new modes of treatment, especially when opposed to preconceived orthodox notions."

This subject being so entirely new to us, we are unable to express any opinion on it from experience. But the enormous practice which Brandt obtained, and the success he records, make it an important matter of study for all who are engaged in gynecological practice. All forms of disease, inflammatory or of displacement, are treated by this method of regulated manipula-

tions. The detail of these, even as an illustration of the method, would occupy too much space to quote. We shall do the author and the reader much more justice by simply drawing attention to the work, and referring him to it for detail of treatment. The book is small, and easily read, and is enriched by several plates illustrating the position of the patient and operator during some of the manipulations. We should be glad to hear details of cases treated in this novel manner, and meantime thank Dr. Roth for his energy in translating Brandt's book, and for his interesting introduction.

The Ophthalmoscope, its Theory and Practical Uses. C. H. VILAS, M.A., M.D. Chicago: Duncan Brothers.

THIS book has been published, the author tells us, to occupy a place hitherto vacant in medical literature, and to supply a want which he, as a teacher, has long felt. Books written on the use of the ophthalmoscope generally begin by assuming too much as to the pupils' knowledge. The first chapters of this work, however, are devoted to abstruse disquisitions on optics and the theory of the ophthalmoscope. But after all, the earlier study of this instrument is rarely much assisted by theoretical book lore. Clinical instruction alone is of any use in teaching the beginner. Nevertheless the author does real good work in the chapters treating of the various kinds of instruments used in ophthalmoscopic examination. Judging from the list given us, we should imagine that every ophthalmic surgeon of any note had felt it his bounden duty to attach his name to some new form or modification of ophthalmoscope. The author has done his best, by means of diagrams and clear description, to point out the principal forms and indicate their claims to favour.

The best portion of this work is in the chapters devoted to simple directions how to conduct both the indirect and direct methods of examination. There is here much useful information condensed into a small space, and every phenomenon is explained in an easy way.

Having glanced at the various modes of using the ophthalmoscope, we come by a natural transition to the various abnormal conditions of the organ of vision which the practitioner meets with. Here we are disposed to be sorry that the author has been so brief, although he forewarned us that the volume is intended to be only for beginners; cataract of various kinds is discussed in two pages and a half, and similar short measure is shown in dealing with other important diseases. The book is evidently written with a careful regard to modern pathology, and is certainly worthy the notice of the young practitioner.

Dr. Vilas has strictly adhered throughout to his plan of making the book simply a text-book of instructions for the student, as from first to last not one word of therapeutics has been allowed to creep in, hence we have no doubt that in America the work will be received as well by allopaths as it will be by our own brethren.

NOTABILIA.

REPORT OF THE LIVERPOOL HOMŒOPATHIC DISPENSARIES.

We have received the annual report of this magnificent charity, and after perusing the statistics afforded, can heartily concur with the gratification felt by the committee, who announce that never before during the forty years of their history have the dispensaries been in more efficient working order than at present. The sphere of operations is becoming very extended, as will be seen from the following paragraph :—

“During the past year it was deemed desirable to increase the medical staff by the appointment of a fifth paid medical officer, as without such addition it was found impossible to satisfactorily keep pace with the increasing demands from the poor to be visited at their own homes. The city is now carefully divided into five districts, and one district apportioned to each medical officer, and in this manner the homes of all, within the Parliamentary boundary, are visited when necessary.”

The attendances of patients at the two dispensaries have been very large during the past year, amounting to a total of 65,125. We append the tabular statement :—

AT HARDMAN STREET.

Indoor attendances	...	...	...	25,682
Visited at their own homes	...	...	...	6,026

AT ROSCOMMON STREET.

Indoor attendances	...	...	...	25,987
Visited at their own homes	...	...	...	7,480

Or a weekly average of 1,252.

65,125

These figures are most satisfactory, testifying as they do to the widespread belief in homœopathy amongst the poor of Liverpool, precisely amongst the class of people who, we are so often assured, never will believe in it.

At the annual meeting of the subscribers on January 26th, the Mayor of Liverpool in the chair, Mr. Eccles pointed out several interesting facts in the report. He particularly drew

attention to the fact that they had done a maximum of good with a minimum of cost, having relieved 65,000 people at the small cost of something less than £1,000. He was not aware of any other institution of the kind which could boast of a similar success. Speaking of the future of the dispensaries, he said that although not sufficiently sanguine to expect that a hospital would soon be built, he thought that, having regard to the immense number of the poor relieved by this institution, they might fairly claim to have homœopathic wards allotted in the various hospitals in the city.

The Mayor, in responding to a vote of thanks, said in the course of his remarks : “ There is no doubt that the leading feature of your report is the large amount of work, and work amongst the poorer classes of the city, which has been done at such a trifling expense. I do not think there is any institution in the city which can compare so favourably with you in this respect. During the time that I have had the honour of filling the office I now hold, it has always been a source of great gratification to me to take part in any movement, not only in aid of such an institution as this, but any movement which has for its object the amelioration of the sufferings of the labouring classes of our city.”

ANNUAL REPORT OF THE BATH HOMŒOPATHIC HOSPITAL.

THE thirty-second annual report of this hospital shows a steady increase in the number of patients, and an amount of progress which must be very satisfactory to the committee and subscribers.

There have been 54 in-patients, as compared with 46 in 1880 ; and the out-patient attendances have been 8,591, with 754 new cases, as compared with 8,800, and 600 new cases, in 1880.

The report is made specially valuable by a *résumé* of the various diseases treated in the hospital. Anyone reading the list will see at a glance the absurdity of the idea put forward by some, that only trifling ailments ever go into a homœopathic hospital. For example, amongst others, we notice, anæmia, carbuncle, erysipelas, enteric fever, diphtheria, bronchitis, pneumonia, pneumonic phthisis, tubercular phthisis, mesenteric disease, atrophy of the liver, phlebitis, aneurism, hip-joint disease, concussion of spine, erythema nodosum, and muscular atrophy. The majority of the patients received permanent benefit, but one died in the hospital from consumption of the bowels.

There were 16 paying in-patients, 8 having private wards at a guinea a week, the others paying 8s. a week.

The total benefit to the hospital from the Bazaar and Fine Art Exhibition last November amounted to about £75. This, we are glad to learn, has materially improved the financial position of the hospital.

HASTINGS AND ST. LEONARDS HOMŒOPATHIC INSTITUTION.

At the annual meeting of the friends and subscribers of this important institution a very satisfactory report was presented. During 1881 the number of patients was 552, with a total of 4,200 attendances. This shows an increase of 1,579 attendances on the previous year, a fact which emphatically bears testimony to the appreciation of the institution by the poor.

The funds of the institution are in a very satisfactory condition, the income for the year being £158 10s. 1d., leaving that most comfortable remainder, a balance in hand, of £68 2s. 5d.

Dr. Pope, who had been specially invited down from London for the occasion, addressed the meeting at some length on the benefits of homœopathy to the public. He pointed out the necessity of adhering to the principle of homœopathy, and of maintaining their institution as a true homœopathic dispensary. He quoted important statistics showing the bearing of homœopathy on life assurance, there being one insurance company in New York which actually allowed homœopaths 10 per cent. discount off their premiums. Looked at from a rigidly commercial point of view, this was a very important evidence of the lower relative mortality in disease treated purely by homœopathy. Dr. Pope also referred to the results of M. Tessier's practice, which are well known to most of us, showing that about the only occasion on which homœopathy was ever fairly tried in an allopathic hospital it completely triumphed.

We are glad to see that the committee of the dispensary are going to put in a claim for a share in the Hospital Sunday Fund, and trust that the next report of this flourishing institution will be able to chronicle a satisfactory addition to its finances from this source.

OXFORD HOMŒOPATHIC DISPENSARY.

We are pleased to observe from the annual report—the ninth—of this institution, that it is rapidly increasing in usefulness. The

following facts revealed by the books of the dispensary testify strongly to the value of the institution :—

New patients admitted in 1881	...	...	221
Attendances	...	...	2,442
Vaccinations	...	...	80
Deaths	...	...	5

Total number of attendances since 1872 ... 15,251

The Oxford Homœopathic Dispensary is under the medical superintendence of Dr. Guinness, who is now one of the oldest of homœopathic practitioners. Induced to examine into the merits of homœopathy by a relative, in 1844, Dr. Guinness pursued the only real method of doing so—that of clinical enquiry. He was especially urged to this course, on the ground that if he found it to be “humbug” he would have an opportunity of exposing it to the whole world. Like every one else, however, who has tested homœopathy at the bedside of the sick, Dr. Guinness found that cases which had resisted the usual methods of treatment yielded readily to homœopathy. He has since been instrumental in founding dispensaries in Exeter, Reading, and Oxford, and we congratulate him on the success which has followed his endeavours to serve the poor in this manner, and to extend the advantage of homœopathy.

MEETING OF “THE LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.”

At the last meeting of this society, held on March 2nd, the time was principally devoted to a discussion on “The new title” “L.H.” (Licentiate of Homœopathy.) The society came to the following resolution :—“That it is desirable to petition in favour of a homœopathic title that shall have a legal recognition by appearing on the Medical Register.”

TESTIMONIAL TO LORD EBURY.

It will be remembered that some months ago it was determined to acknowledge the eminent services which Lord Ebury has, throughout the last 40 or 50 years, rendered to homœopathy, by making a presentation to him. After much discussion it was determined that his lordship should be requested to sit for his portrait, and that this should be presented to Lady Ebury. The portrait has been executed by Mr. Cyrus Johnson, of Devonshire Street, and is stated by those who have seen it to be a faithful likeness. We hope shortly to see it on the walls of Burlington House.

On Saturday, the 25th ult., the Committee, which consists of Lord Denbigh, Lord Dunmore, Major Vaughan Morgan, Dr. Hamilton, Dr. Yeldham, Dr. Dudgeon, Dr. Dyce Brown, Mr. Cameron, Mr. Pete, and Mr. Chambré, presented the portrait to Lady Ebury. The presentation took place privately, in consequence of the recent family bereavement of the noble lord.

This presentation occurred so near the time of our going to press that we are obliged to defer the full account till next month.

"PARVULES."

"PARVULES. To the medical profession only."—A Chicago friend sends us a little pamphlet, which, if it is widely distributed, has not before chanced to light in our sanctum. It is not only a pamphlet, but it is a "straw" as well, and shows quite conclusively which way the "*trade* wind" is blowing. The well-known house of Wm. R. Warner & Co., of Philadelphia, wholesale druggists, &c., &c., have something new to offer in the way of pharmaceutical preparations. They have invented an improved method of preparing drugs. We quote from their circular: "The term Parvule from *Parvum* (small) is applied to a new class of remedies in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults [patients, neither children nor adults have to take O. S. most likely]. It is claimed by some [over 6,000 homœopathic] practitioners that small doses given at short intervals exert a more salutary effect. Sidney Ringer [who has wrung his information out of his homœopathic neighbours], in his recent work on therapeutics, sustains this theory in a great variety of cases without catering to homœopathy. [To cater is to provide food for. The idea of Sidney Ringer providing homœopathy with anything but half sucked egg-shells, the remains of honest meat he stole from it, is absurd.] As medicine advances from the domain of empiricism and becomes more of an exact science, all of its lateral branches must assume new forms. The modern teachings of physiological therapeutics inculcate a change in the manner and matter of dosage that shall meet the varying indications of disease and the peculiar susceptibility of different individuals. The large, and oftentimes nauseating compounds of our ancestry, have lived their day, and died, let us hope without regret. [How near dead they are, please consult the latest book on 'Formularies']. The elegant preparations of the pharmacy of the present day have met a well recognised need, and have added lustre to the physician who could disguise from his patient the unpalatable or unsavoury nature of his medicaments. But there was still something lacking. There was a growing demand for accurate, graduated, tasteless preparations, which might be easy of administration to children and adults, and which should subserve a

useful purpose in the treatment of many diseases. [In other words, the homœopathic doctors have taught the people better things, and allopathy is obliged to come to time.] It is a well received fact in medicine that a small dose, frequently repeated, will very often be crowned with more brilliant success than a single large dose. This is peculiarly well illustrated in the treatment of certain forms of diarrhœa. [It would be difficult to find this fact so much as hinted at in the ordinary allopathic text-book.] Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of *corrosive sublimate* in the treatment of this disease, whether the stools contain blood or not. [Parvules of *corrosive sublimate*, 1-100 gr., are made by Wm. R. Warner & Co.] A large experience of professional men endorses the certain action of the Parvules of *podophyllin* in constipation due to a torpid action of the liver, with deficient biliary secretion, and in persons in whom there is manifest want of tonicity in the muscular fibres of the intestines. This is due, unquestionably, to the permanency of the stimulation induced by frequent repetition. A single large dose produces an ephemeral impression, more or less profound, and ceases to exercise any effect whatever after the impression so induced has been lost in the increased peristalsis. The intelligent use of the Parvule first creates the desired condition, which may be continued for as long a time as the practitioner may deem expedient. [An allopathic journal on our table, says of Ringer's writings, that they contain not a little clandestine homœopathy. It would be a mistake to suppose the above ideas in any respect represented homœopathy. No sensible homœopath ever taught or believed such absurd therapeutic notions. And yet they are something far better than the ideas followed by the ordinary allopath. They show progress especially in the direction of smaller doses.] Drs. Peters, of Paris, Ringer, Bartholow, Dessau and others, equally well known in the literary arena, have cited numerous cases of almost every variety of disease, wherein they brought about a desired result by the adoption of minimum doses when all other plans of treatment have failed."

It would be hard to find anything more suggestive than this little circular; and it will do more to revolutionise the allopathic practice than all the medical colleges and journals and text-books put together. Here, for almost the first time, medicines are prepared by an allopathic wholesale pharmacist in an uncombined form and in—for that school—remarkably small doses. Here are more than fifty of the leading drugs used by that school prepared in doses of one-twentieth, one-fortieth, one-fiftieth, one one-hundredth and one two-hundredth of a grain.

Can such things be
And overcome us like a summer's cloud
Without our special wonder?

It is amusing to find in this pamphlet a vigorous protest against the supposition that this new departure in pharmaceutics and therapeutics has anything to do with homœopathy. More than a score of times the writer declares that these small doses "are in no sense homœopathic." Well, no intelligent person would suppose they were. Such anxiety is needless. But we can see in it an open door out of which the intelligent allopath may step into the light and liberty of homœopathy. When he finds these small doses doing improved work, he will try some homœopathic attenuations. Warner and Co. are doing good work. We heartily applaud their endeavours to improve the crude and often barbarous methods of the allopathic school. In closing, we cannot resist a quotation from the *Southern Medical (Allopathic) Record*: "The efficiency of these Parvules we attribute not to homœopathy, but to the thoroughness of preparation and the purity of the articles used. In so far as homœopathy advocates thorough trituration as enhancing solubility and neatness of preparation as more likely to agree with delicate stomachs we make no issue, and we think that often much good results from the avoidance of those disagreeable antipathies which not unfrequently prevent the administration of medicines to delicate persons by reason of the nauseous form in which medicines are ordinarily administered."—*Cincinnati Medical Advance*.

HYOSCIAMIA IN MENTAL DERANGEMENT.

Dr. WHITMAN, of Illinois, calls attention in the *New York Medical Times* to the great success attending the substitution of *hyosciamia* (*hyosciamine*) for the ordinary form of the drug in some obscure mental cases. In one case the patient, a lady of 35, suffered from attacks of mania coming on at each period, and lasting two or three days. Various remedies were tried, including *puls.*, *hel.*, *sen.*, *aletrin*, *mac.*, and *cauloph.* None of these proving useful, *bell.* 8x and *hyos.* 8x were given. Of these *hyos.* proved of some benefit, but the effects were not permanent. After a long and varied course of treatment, she was persuaded to consult Dr. Hale, of Chicago, who, on hearing that *hyosciamus* was the only drug which had at all influenced the disease, advised the substitution of *hyosciamia*.

She was put upon this remedy, 2x trit. four doses a day, and passed the next period without any return of the headache and mania, and although nearly two years have now elapsed, *she has never had a return of either*. Time enough has now passed to entitle this to rank as a cure and not as a mere palliation.

The second case was that of a lady, æt. 38, suffering from hereditary insanity. She had had two previous attacks of mania,

and was declared incurable by the medical officers of the State Asylum.

After six months allopathic treatment she was placed under the care of Dr. Whitman, who, profiting by the lesson of the previous case, at once placed her on *hyosciamia*, and in less than two weeks had the satisfaction of seeing marked improvement both in the mania and constipation; the latter complaint being relieved by *hydrastis*. She continued to improve under these remedies (no others being given) for two months, when her treatment was suspended, and she has remained well ever since, which is about fourteen months. The preparation used by Dr. Hale is the *amorphous hyosciamia*. Although *hyosciamus* is almost our sheet anchor in mania, the use of *hyosciamia* is, we think, not generally adopted in this country. We trust that some of our brethren will bear this in mind, and give it a trial, and let us know the results at some future date. The substitution of an alkaloid for the drug itself is often of marked benefit, witness the use of *atropia* in cerebral and spinal congestion, where *belladonna* seems indicated but fails.

ACONITE IN THROAT AFFECTIONS.

ANOTHER disciple of St. Ringer, having succeeded in subduing an inflammatory case by the use of *aconite*, hastens to inform the world at large, through the medium of *The Lancet*, of the importance of this marvellous truth in therapeutics. "*Aconite* has been recommended by Ringer to allay local inflammation, especially of throat affections. In the spring of 1881 I attended a case of laryngitis, brought on partly by exposure to the weather, and excited by swallowing a capsicum lozenge, which at first threatened suffocation. I had tried several remedies without any improvement, but on the second day of the attack I gave the patient *half a drop* dose of tincture of *aconite* every half hour for twenty-four hours, when a marked improvement in the breathing took place, but delirium set in; but after application of ice to the head it passed off in a few days, and the patient rapidly recovered."

We do not know whether either Dr. Ringer or his disciple make a practice of reading homoeopathic literature, but should they do so they cannot fail to find in Dr. Hughes' therapeutics, under the head of *laryngitis*, the following words: "*Aconite* seems indispensable at the commencement, and is sometimes sufficient for the cure." One can scarcely help smiling at the matter of fact way in which this gentleman states that "a marked improvement in the breathing took place, but delirium set in;" we wonder whether it has ever occurred to him that if he had given the tenth or hundredth of a drop for a dose, it is just

possible the delirium and suffering entailed might have been avoided. Having brought himself to the half-drop dose, let us hope, for the safety of his patients, that he will manage to get a little further on the road before the next case of acute laryngitis presents itself.

AN HONEST MAN.

THE *Southern Clinic* (allopathic) for January last contains an article on "The Curative power of small doses of Drugs," by E. A. de Cailhol, M.D., of St. Louis, as a leader in its "original" department. Dr. de Cailhol practises homœopathically, and makes no secret of it.

His paper elucidates many of the points upon which homœopathic practice depends, and asserts that "this great truth commences to be understood by the members of the profession now, as indicated everywhere in allopathic medical journals, by advertisements of medicines prepared by chemists in parvules and granules of one tenth of a grain, and even one hundredth of a grain; but they will soon find, if they try both well—as I have honestly done myself—that the same medicines, prepared in triturations with sugar of milk, will give them a great deal more satisfaction." In conclusion, he says "that the initial fact of all medical doctrine or system is not to imagine the truth, but to prove the truth by experimentation."

Such honesty in an allopath is very refreshing, the more so as it is quite a novelty, a novelty of which many of our leading English therapeutists might do well to import a supply. At present anyone seeking for an honest assimilator of homœopathic facts must be much in the position of Diogenes of old with his lantern.

"A MERE NOTHING."

How many people are there whose life-work has been abruptly cut short by the progress of disease originating in the most trivial manner, and unregarded until it has become, perhaps, incurable? A trifling cold, a little pain, a slight indigestion, "a mere nothing," as it is popularly termed, is permitted to exist unheeded for a time, and at length it develops the beginnings of chronic affections, that terminate only with the life of the sufferer. The briefest review of any ordinary practitioner's case-book will supply numberless examples of this kind; the experience of every physician will yield innumerable instances of fatalities brought about by neglect of minor ailments at the outset. Among professional men, and hard-workers in every calling, it is regarded as involving too considerable a loss of time to give any heed to sickness that does not entirely incapacitate for discharge of business;

and thus to "lie up" for a cold, or for a pain which can be borne with under any possibility, is considered as uncalled for indulgence. It may be, perhaps, that medicine itself is to blame for this indifference to risk. Too little has yet been made clear respecting the early progress of even dangerous diseases; we are, in spite of all advances, all but absolutely ignorant of the subjective and objective symptoms indicative of the initial lesions which give rise to most dangerous consequences; the "mere nothings" of every-day life may have a significance, and doubtless do possess an importance which, could we but trace the whole evils to which they give rise, would obtain for them an attention they have never yet received. In the absence of this knowledge, it is our duty to impress, at all times, and in all places, the gravity of "trifles," and to stimulate a universal desire to be rid of the "mere nothings" which go far to create the common diseases of mankind.—*Medical Press and Circular*.

HOMŒOPATHY *versus* ALLOPATHY IN THE DENVER ALMSHOUSE.

THE annual report of Dr. Ambrose S. Everett, County Physician of Arapahoe County, Colorado, presents quite a number of interesting and instructive facts and figures. The following recapitulation compares the nine months of 1881, when the hospital was under homœopathic management, with the corresponding months of 1880, when the hospital was under allopathic control:

	1880.	1881.
Number on hand, January 1st	49	82
Number admitted	562	649
Number discharged	468	586
Number born	5	8
Number died	76	58
Number remaining	77	100
Average daily attendance	60	72
Number of jail and outside patients	161	285
Total number treated	777	974
Mortality rate at hospital, with the number discharged as a basis . . . . .	.14	.08
Cost of drugs and surgical supplies in hospital	\$1888 16	\$780 71
Hospital druggist's salary	450 00	0 00
Cost of prescriptions for jail and outside patients	241 27	0 00
Total cost of drugs and surgical supplies, and druggist's salary	2074 48	780 71
Cost per patient from the above figures	2 66	80

—*Hahnemannian Monthly*.

LONDON SCHOOL OF HOMOEOPATHY.

SUBSCRIPTIONS and donations received since 1st January, 1882:—

[illegible]

Additional subscriptions and donations from 12th to 21st
March, 1882:—

Miss Robertson	...	...	1	0	0	S. Pinsent, Esq.	...	...	2	2	0
Dr. Y. Moore	...	...	2	2	0	Dr. Matheson	...	...	2	2	0
J. P. Stilwell, Esq.	...	...	1	1	0	Dr. C. L. Tuckey	...	...	1	1	0

AMATEUR DRAMATIC PERFORMANCE.

A performance of "The Lancers" (commonly known as the "Queen's Shilling"), preceded by "Turn Him Out," will be given at St. George's Hall, Langham Place, on April 13th.

The ladies and gentlemen who have organised this per-

formance desire that the proceeds shall be given to the London Homœopathic Hospital.

The notice is rather short, but we trust that, notwithstanding this, our brethren will aid the cause as much as possible by pushing the sale of tickets amongst friends and patients.

Circulars have been sent with this object to the various medical men in the London district.

Dr. Kennedy is the secretary, and A. Chambré, Esq., has kindly consented to act as principal steward on the occasion.

HOW INFECTIOUS DISEASE IS SPREAD.

MR. ATKINSON, in his last annual report on the health of the Craven combined district, mentions some curious instances of the ignorance existing among the population under his charge. In one case, when pointing out the necessity for disinfection, he was told by an old woman that, "Ye mak' a deal o' fuss i' sich like cases, but it's na' good; for if they'll have it, they'll have it, and if they'll dee, they'll dee." In another, when examining some premises to find a cause for typhoid fever, he was told that he could look if he chose, but it was of no use, for "t' feaver's it' family, 'is father 'ed it, and 'is grandfather 'ed it, and na' t' lad's gotten it." Mr. Atkinson adds that, in this last case, the cause was not far distant, since an open rubble sewer was constantly emitting its odours at the back of the premises, and a foul gutter was just below the windows.—Another typical instance of the carelessness of parents in cases of infectious disease recently came before the Exeter School Board. At the last meeting of that body, it was stated that, while one girl was lying at home ill with fever, five other members of the family were being sent to one of the Board schools without the slightest intimation being given to the authorities. The existence of fever only came to the knowledge of the Board on their summoning the parent for the non-attendance of the sufferer. It is not encouraging to reflect that, after so much time, money, and energy have been expended in erecting and maintaining a public health service, such instances of crass ignorance as these should have still to be reported.—*British Medical Journal*.

"DEATH OF HOMŒOPATHY."

It is now just forty years since that delightful poet and quasi physician, Oliver Wendell Holmes, gave to the Boston public two lectures on "Homœopathy and its Kindred Delusions." In these lectures homœopathy was denounced as the most absurd of all medical delusions; and the prophecy was then made that it would be short-lived, and that "not many years can pass away before the same curiosity excited by one of Perkins's Tractors will be awakened at the sight of the Infinitesimal Globules. If

it should elaim a longer existence, it can only be by falling into the hands of the sordid wretches who wring their bread from the cold grasp of disease and death in the hovels of ignorant poverty." Thirty years passed away, and in 1872 the "lifeless delusion," as Holmes called it in 1842, had become a power in the land. Its practitioners were numbered by thousands, and its believers by hundreds of thousands. In Boston it had a dispensary for the sick poor, at which nearly 1,000 were treated yearly. An effort had been made to establish a hospital to which the poor could resort and have homœopathic treatment. In fact, its institutions, its societies, and its practitioners were prosperous, and exhibited as yet no sign of the much-wished-for decay. There being no prospect of its dying a natural death, the councillors of the great Massachusetts Medical Society in secret conclave determined to kill it: First, by declaring it arrant quackery; second, by expelling, as unprincipled men, any who practised it; and third, by forbidding members to hold any professional relations with these "charlatans." The result of this action is best seen in the growth of homœopathy in New England since that performance. In Boston the number of homœopathic physicians has increased from sixty to upwards of one hundred; in New England from five hundred to eight hundred. A medical school in connection with Boston University has been established, which, with thorough instruction in every department, has already graduated two hundred and fifty physicians; a hospital has been founded, which has cared for upwards of 1,600 patients, and has secured of funds for running expenses, for land, buildings, and permanent funds, upwards of \$250,000; and the dispensary has enlarged its work from 978 patients in 1871 to 11,862 in 1881. But this growth is not confined to New England. Twenty-six State medical societies and one hundred and nine local societies exist in the United States, with a membership exceeding 2,000. Forty-two hospitals, with 1,600 beds, employ wholly homœopathic treatment, while more than 100,000 poor patients are annually treated at homœopathic dispensaries. Moreover, seventeen medical journals are sustained, and eleven medical colleges are educating at the present moment upwards of 1,800 students in homœopathic opinions and preparing them for homœopathic practice. The success of these practitioners, the quality of their patrons, and the amount of charitable work performed would indicate that the "sordid wretches" and the scarcity of "infinitesimal globules" prophesied belong not to this generation. May the "death of homœopathy" continue, in the future as in the past, to be confined to the realms of prophecy, until, at least, science shall have given to humanity a better method of healing.—*New England Medical Gazette.*

THE LATE DR. CRONIN.

WE have received from Mr. Barraud, the eminent photographic artist of Gloucester Place, a copy of a very striking likeness of the venerable physician whose long, active and useful life we briefly referred to in our last number. We notice it because we are sure that many who esteem and respect the late Dr. Cronin will be pleased to learn that they have an opportunity of obtaining a really characteristic memorial of their departed friend. It is both a pleasing and accurate representation of the deceased.

WHILST this winter has been remarkably mild in Western Europe, it has been of quite unusual severity in South-Eastern Russia. The main chain of the Caucasus is covered from the top to the lowest valleys with snow. The great depression of the Kura and Arako rivers looks like a Siberian plain covered with snow. The bright sun of the south seems unable to warm the cold soil, and in the night the small streams and irrigating channels freeze. Even the Mikhael Gulf of the Caspian, south of Krasnovodsk, was frozen from December 19 to January 7, and the thickness of the ice was $4\frac{1}{2}$ inches.—*Nature*.

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted during the month ending March 16th, 1882, gives the following statistics :—

Remaining in Hospital February 16th, 1882 ...	40
Admitted between that date and March 16th ...	85

	75
Discharged between Feb. 16th and March 16th...	80

Remaining in Hospital, March 16th, 1882 ...	45
---------------------------------------------	----

The number of new Out-Patients during the above period has been 644.

The total number of Out-Patients' attendances for the same period has been 2,154.

BRITISH HOMŒOPATHIC SOCIETY.

THE Seventh Ordinary Meeting of the present Session will be held on Thursday, April 18th (instead of the 6th), 1882, at seven o'clock. The paper by Dr. Meyhoffer, of Nice (Corresponding Member), which was deferred from the January meeting, will now be read. It is entitled "On an unusual Case of Pulmonary Disease."

CORRESPONDENCE.

THE LICENTIATESHIP IN HOMŒOPATHY.

To the Editors of the Monthly Homœopathic Review.

GENTLEMEN,—Since writing to you on this subject last month, some further objections—not then anticipated by me—have been made by colleagues to the step taken by the school; and, as these seem to me readily met, I would ask you to allow me to say a few further words in reply to them.

(1.) Objection is taken to the term “Licentiate” as implying a “license,” and this meaning a permission, without which some given proceeding is unlawful. It is alleged that no one needs such permission to practise homœopathy, and hence that “L.H.” is a misnomer and an absurdity. Now, I do not deny that this is the etymological and lexicographical meaning of a “license,” but I do deny that the usage of the word in the profession fixes such significance upon it. Take the “L.M.” already cited as an analogue, and which is bestowed, not only by the English College of Surgeons, but by several universities and by the great obstetrical establishments of Dublin (which last are not even chartered institutions). Can no one practise as an accoucheur who has not obtained this license from one of the examining bodies which give it? Everyone knows that it is not so. The L.M. is simply a special evidence of capacity—a warrant on the part of the bestowers that its recipients are competent to work at the art to which it refers. Such will be the Licentiateship in Homœopathy of the London School.

(2.) But it is further objected that the proposed action is “illegal”—that the school has no authority from the State to bestow a diploma, which therefore must be “a sham.” I confess that this argument has very little weight with me. I have yet to learn that no title can be a reality without legal *imprimatur*. I have all an Englishman’s respect for law, when made, but I cannot admit that nothing exists without it—that everything extra-legal or pre-legal is therefore valueless. A diploma granted, after study and examination (or their equivalents), by a duly organised body of five years’ standing (itself composed of duly qualified practitioners), must have its own intrinsic worth. State sanction may recognise and (as it were) patent it, but that is all it can do,

I cannot allow, therefore, that the school would be going beyond its rights were it at once to accord to the eighty or ninety men among us who have asked for it, the diploma of Licentiate in Homœopathy. At the same time, nothing would be lost by so far deferring to the difficulty felt by some as to suspend further proceedings till incorporation has been sought

for. I believe that the managers of the school are about to take this step forthwith. Both the friends and the foes of the new diploma may well await the result.

I am, Gentlemen,

Faithfully yours,

Brighton, March 11, 1882.

RICHARD HUGHES.

THE LICENTIATE IN HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The institution of a diploma by the London School of Homœopathy has given rise to so much criticism and excitement amongst the members of our body, and so much difference of opinion exists as to its value, that I should like to write a few lines on the subject.

It would on many grounds be a good thing if we could have the knowledge of homœopathy possessed by young men tested before they commence practice. Having passed such an examination would give them confidence, and would inspire confidence in those of us who may wish to introduce patients to them.

But I would ask, is a new diploma necessary for this purpose? I am not aware that any authority or power has been conferred upon the school entitling them to grant a license, and without such authority, which can only be conferred by a charter, I do not see what right the school possesses to give such a license.

On the other hand, were the school to appoint a board of examiners to test the knowledge of candidates, and to give to such as succeeded a certificate of competency, the only purpose for which the license is to be granted would be fulfilled, while the possessor of such a certificate might, by virtue of it, be elected a member of the London School of Homœopathy.

It would, of course, be understood, or rather distinctly stated, that after a certain date no certificate entitling to membership would be granted except after examination.

Those who have been engaged in practising homœopathy for two years might be allowed, on a petition signed by three well known practitioners of ten years' standing, to receive the certificate or be admitted to membership, if the application were sent in before the end of the year. In each and every case the candidate should be a duly registered practitioner.

I think such a plan would remove many objections to the proposed L.H., and would answer every purpose which that diploma is proposed to fulfil. It would entitle the member to use four letters instead of two—Member of the London School of Homœopathy.

I am,

Your obedient servant,

March 10th.

M.B.H.£

THE L.H. QUALIFICATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Absence from England having prevented me giving my vote in the British Homœopathic Society in favour of the resolution that the proposed title of L.H. is damaging to our position as members of the medical profession, I take this opportunity to express my cordial approval.

I see no analogy between certain diplomas, signified by certain letters denoting the great divisions of professional work, Medicine, Surgery, and Midwifery, and the letters L.H., Licentiate in Homœopathy.

It is illegal, and the idea of issuing it is most inconsistent with the clause in the Medical Act which declares that the holding of any peculiar medical theory shall not be a bar to legal qualifications. With this as our Magna Charta of protection, some of us attempt, by the creation of an L.H., to limit the power to practise unless subordinate to a medical theory, and yet these men petition for liberty! It is the use intended to be made of this L.H. which constitutes the offence against professional ethics. One object, as stated by its supporters, is to point out to "patients desiring homœopathic treatment the man they should seek." . . . "It is to one going to a new field of practice, giving him a claim to the support of the homœopathic public."

These seem to me purposes which, in our peculiar position, invite the charge of "trading on a name."

If the L.H. is to be useful as a mode of publishing his practice, the holder must bring it prominently forward, and then he professionally errs. To avoid misapprehension, I wish to draw a very clear distinction between certain faults in professional ethics and moral delinquency; the two are totally separate—e.g., a solicitor may rightly seek for business in a manner which, if pursued by a barrister, involves a marked breach in professional ethics; the Medical Act empowers a medical man to recover in court amounts due for advice, the London College of Physicians considers such procedure a grave offence; the tradesman may rightly and honestly advertise his goods, but old and wholesome custom holds such course reprehensible in the professional man. Let these instances suffice to show that when I make a charge of breach of professional ethics, I disclaim the very thought of impugning the honour and morality of those who, from my ethical standpoint, are transgressors. Isolated as we are, we cannot pitch our ethics too high.

What encouragement does this L.H. afford to any man established in practice, joining our ranks? Hitherto this step has only brought on him obloquy, but were this course of the school

adopted, he must make up his mind to the still further ordeal of qualifying as an L.H., in order that he may "claim the support of the homœopathic public." If he does not possess this L.H., then "the non-possession of it will be a ground of suspicion of his knowledge of this mode of treatment."

Instead of this step exercising "a wise foresight," it is, in my opinion, most ruinous, instead of being "a measure of defence," it is the most destructive course which can possibly be taken. We are urged to take this step "to prevent our benign and scientific system being brought into disrepute by men who know nothing of it." . . . "to protect the public from being taken in by a man who from any motive proposes to practise a system of which he knows nothing."

How the whole history of the struggles and course of the homœopathic system in this country utterly refute such statements.

How have we hitherto existed for nearly half a century? If such dangers are now ahead, they never can be met by such futile measures as the granting of L.H.

A title illegal, sectarian, *a license which may be assumed by any man, or given by any body.*

With equal legality Holloway's clerks, "two being a quorum," might meet in council, and in order to protect the public, establish an L.H., none genuine but the Licensed Hollowayist.

If a scheme were desired to foster the growth of crypto-homœopaths, here it is amply furnished in this L.H.

I trust the school will wisely reconsider its policy, and reserve its energy for its true function of teaching. Let the value of this be the student's reward, and not the emptiness and mischief of the title L.H.

I am, Gentlemen, yours, &c.,

FRANCIS BLACK, M.D. Edin.

THE L.H. DIPLOMA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Nothing has occurred in the whole history of homœopathy in this country that has excited such a deep and wide-spread feeling of disapprobation as the proposal of the school authorities to issue a license to practise homœopathy. The cause of this feeling is not far to seek. Such a step, if persisted in, will, beyond a doubt, seriously compromise our whole body of practitioners. There is one thing on which, above all others, we have always been able to plume ourselves, and which our bitterest enemies have admitted, viz.: that in our professional conduct generally—putting aside the question of our

medical doctrines—we have borne ourselves like high-principled and honourable men. One of the leading objects of the British Homœopathic Society has always been to maintain amongst us the highest stand of professional ethics. Institute a spurious diploma, and we instantly forfeit our claim to this position; and what do we get in exchange? An empty and deceptive title; for a license implies an authority to do, under its powers, a something that we have no right to do without it. The proposed L.H. confers no privilege we do not already possess. The only way to check this mischievous absurdity is by a universal rejection of the proffered boon. It is difficult to believe that any one amongst us can be so devoid of self-respect, or so blind to the obligations he owes to the noble profession to which he belongs, as to accept a self-made and unauthorised diploma. If a student wishes for a certificate of having attended lectures, by all means let him have it. It is a right and proper thing to give. It says honestly what it means and no more. It misleads nobody, and nobody would object to it. But an unreal and meaningless degree is a delusion and a snare, which no man with a spark of professional pride would for a moment think of assuming.

Is it too much to hope that the promoters of this scheme will bow to the votes of disapproval that were adopted at two recent meetings, and let the matter drop? Such a result would, I am sure, be hailed with the liveliest satisfaction by a vast majority of our body.

I am, yours, &c.,

S. YELDHAM.

THE L.H. QUALIFICATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—It is my only hope that the circular I have just received from the Secretary of the British Homœopathic Society will once and for all settle the question of the diploma of Licentiate in Homœopathy meditated by the London School of Homœopathy. That circular is to this effect:—At a meeting of the society lately held a resolution was carried by a two to one majority—"That the proposed diploma and title of Licentiate in Homœopathy, resolved on by the London School of Homœopathy, is contrary to the spirit of the laws of this society, and calculated to damage our position as members of the medical profession." I heartily endorse that resolution, and cannot help believing that, on reconsidering the matter, the school will do so too.

To grant a licentiatehip is a serious thing for the school to do. It is establishing a new precedent in medicine. I know:

nothing in its past history analogous to it. A small fraction of the medical body of this country, a small minority of that fraction even, have constituted themselves into a school, and a resolution has been come to, not a unanimous one, by that school, that it is right and expedient to give to such of its *alumni* as have successfully passed an examination a diploma of fitness to practise homœopathy. Down to this date a diploma in medicine has been a legally recognised document. But the school proposes to confer a distinction which will have no legal value, which will probably in many cases not be made use of, if it is not refused, by those to whom it is given, which will be disapproved of and condemned by most of the existing homœopathic practitioners, and which will have the effect of widening the already large breach betwixt ourselves and the old school, to say nothing of that between parties in our own ranks.

And *cui bono*? If it could be shown that our own interests, those of homœopathy and medicine, those of the public, could be advanced by this innovation, this leap in the dark, there would be some justification of it. It might in such case appear to be almost a necessity. Even then, however, it would be unwise to make it in the face of the resolution of the British Homœopathic Society. Such an innovation would require for its justification the unanimous, or almost unanimous, approval of the whole homœopathic body: and that approval it will not obtain.

To say that the step is not a sectarian one is contrary to the fact. Whatever has the effect of rounding us off into a distinct body, and of throwing us more out of the pale of recognised medicine, must be sectarian, and that this licentiate-ship will have that effect there can be little doubt. It is said, also, that the diploma will not constitute a license to practise. But if the non-possessor of it is looked upon with suspicion, as it is said he will be, then he will feel himself compelled to qualify himself for it before he settles down in practice. To him, therefore, it will be a license to practise—that is to say, the diploma will be.

But though some beginning practice will append the letters L.H. to their names, a large proportion of the medical men already in practice will not do so. Our body will then be divided into two classes, the licensed and the non-licensed. Is this desirable? It is not sufficient to say that all can possess themselves of the diploma. All will not; and the result will be division and dissension amongst ourselves—a puzzled public, and a profession still more alienated from us than before, and with a good justification of their alienation.

Before this apple of discord is thrown into our midst I hope the school will seriously reconsider the matter.

Your obedient servant,

C. B. KER.

NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Dr. TUTHILL MASSY wishes us to state that he has returned to Brighton, where his address will be 18, Powis Road.

Communications, &c., have been received from Mr. CHAMBERLAIN (London); Dr. MORRISON (Camberwell); Dr. BAYES and Dr. HUGHES (Brighton); Dr. CLIFTON (Northampton); Dr. BAYNES (Canterbury); Dr. WOODGATES (Reigate); Dr. MASSY (Redhill); Dr. MADDEN (Birmingham); Mr. KNOX SHAW (Hastings).

BOOKS RECEIVED.

The Human Ear and Its Diseases. By W. H. Winslow, M.D., Ph.D.
New York: Boericke & Tâfel.

Transactions of the State Homœopathic Medical Society of Pennsylvania, 1881.

The Homœopathic World.

The Student's Journal.

The Chemist and Druggist.

Burgoyne's Magazine of Pharmacy.

The New England Medical Gazette.

The Hahnemannian Monthly.

The New York Medical Times.

The North American Journal of Homœopathy.

The Medical Advances.

The Clinique.

The Therapeutic Gazette.

The Medical Counsellor.

Boericke and Tâfel's Bulletin.

Bibliothèque Homœopathique.

Allgemeine Hom. Zeitung.

El Criterio Medico.

Bolletino Clinico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

HOMŒOPATHY IN THE STATE OF NEW YORK.

IN no part of the world has homœopathy had to encounter a greater degree of bitterness of feeling from the allopathic sect than it has in the United States of America. In spite, however, of diatribes against it, in spite of the expulsion from States Medical Societies of those members who have openly avowed their faith in homœopathy, in spite of regulations by the American Medical Association of the most stringent and arbitrary character to prevent professional intercourse between homœopaths and their opponents—in spite of all this and many other devices to assist in the fulfilment of Dr. OLIVER WENDELL HOLMES' 1842 prophecy—that in a few years from that date a globule would be as rare and great a curiosity as a Perkins tractor was then—notwithstanding these many and ingeniously devised efforts, homœopathy has progressed in public and in professional favour more rapidly in the U.S.A. than in any other country the world over.

The effect of this progress is now making itself apparent in the altered attitude which leading men in medicine are assuming towards homœopathic practitioners, in the altered tone in which they speak of them in medical societies, and write regarding homœopathy in their journals.

Of this we have very full evidence in the *New York Medical Times* for March—a journal devoted to the interests of medicine in general and of homœopathy in particular.

First of all we notice that the Medical Society of the State of New York, having recently adopted a new code of ethical rules, unanimously agreed to the following, as that which should govern consultations:—

“Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity.”

The adoption of this resolution has created a good deal of remark, not only in medical circles, but in the public press. The *Albany Argus*, for example, regards the new “code” as “a great step in advance.” “The effect,” it says, “of the action of the State Medical Society on the matter of professional ethics is significant. . . .

“The amendments adopted enlarge the limits and freedom of consultation to a degree that practically removes all restrictions, by giving the practitioner full liberty to construe or waive restrictions in the interests of humanity or commanding exigency. . .

“The persistence of the profession in a policy which proclaimed its sense or theory of inability to trust to the honour and conserving power, of which its educative processes are the factors and its personnel the guardians and exponents, has not dazed laymen, for they knew the precautions and traditions on which it was based. They also knew that it had survived the necessity for it and would soon go to meet the effete causes which called it into being. It may be said that medicine cannot insure every one entering it being a gentleman. Neither can any profession; but medicine and any profession can insure a great majority of every collection of its members, in every community, being gentlemen, and the associated principle of action among doctors.

secures majority rule, and the sequent *supremacy* and government of gentlemen. The argument of doubt and distrust answers itself, when properly extended. . . .

“The formal obliteration of the bars of separation in fellowship and action between what are miscalled allopathy and homoeopathy, is the recognition of the indivisibility of the science of medicine, which the intelligence of the age long ago realised, which the action of progressive doctors, of both classes, long ago tacitly effected, and which the enlightenment of patients long ago practically insisted on and secured. The age has cause to congratulate itself on the results secured and the fact that full liberty no longer knocks at the door, but is across the threshold and will soon set up housekeeping as a full owner and not as a mere guest or tenant by courtesy. . . .

“The Society has broken the back of the ancient medical code. Consultation with legally recognised physicians is now permitted. Consultation with anybody, under such circumstances as sound a paramount call to humanity, is permitted. The physicians are to be the judges of the circumstances. The progressiveness of the society is one of the sensations of the times.”

Then, again, the discussion of the questions involved in consultation has led to the examination of homoeopathy itself at the meetings of medical societies. Thus at a meeting of the Wayne County Medical Society (Michigan)—

“Dr. Devedorf read a paper on ‘Consultation and Affiliation with Homœopaths.’ He took the ground that as regular physicians, we are bound down by no dogma, but that with the whole field of nature before us it is our privilege, with perfect consistency, to choose whatsoever is of value in the treatment of disease. We acknowledge no universal law of cure any more than we recognise the existence of any universal panacea, but profiting by the labours of our professional brethren, in the laboratory or in the sick room, accepting nothing on any one’s *ipse dixit*, it is our duty to submit all to the test of our own experience, and then to accept or reject according to the result of such test. Let us in this process avoid bigotry and not wrap

ourselves in a garment of exclusiveness and cry out to those who differ from us, 'stand afar off; thou art unclean.'

"Homœopathy was the outgrowth of a reaction in medicine. When it came to us, a few years ago, its supposed novelty attracted a certain class of people, who afterwards became its allies and champions in consequence of the fierce and bitter warfare waged against it by the so-called old school physicians. The ranks of its practitioners were filled, firstly by those who, though few in number, were honest in their opinions and educated in their profession. Secondly, by those who, devoid of honesty, were shrewd enough to recognise a partial drift of public opinion and avail themselves of the current to achieve success. Thirdly, and most largely, by the ignorant, who discovered here new fields of labour. But the years which have passed have wrought a change in all this. There is in the universe of mind a law analogous to the grand law of gravitation, which rules and controls the physical world. In obedience to this law eccentric movements are corrected, and the pendulum which marks the oscillation of public opinion, from one extreme to the other, tends at last to fall and rest at the centre of gravity—which is truth.

"And so with homœopathy, after the first few years in which ignorance and irregularity in its practitioners were overlooked and condoned on account of the attractiveness of a new doctrine, there came a change; its followers, the charm of novelty having worn away, discerned the faults of their leaders, and demanded physicians of a better class, men of more honesty, better education and higher culture. In response to this demand, better men have come to the front, and ignorance and dishonesty are being crowded back.

"The educated homœopathist differs in no material respect from the educated regular physician. He recognises the fact that there is a truth in the dictum *similia similibus curantur*, but scouts the universal applicability of the dogma as a law of cure. The thoughtful and observant physician of any considerable experience cannot but have recognised a truth in the dogma, and in so far as it is true it is his duty and privilege to accept it.

This truth should form a common ground on which homœopath and regular should meet. As educated men there can be no difference between them except on the question of therapeutics, and this is not the only question involved in a consultation.

“Dr. Devendorf would advocate the meeting of homœopaths in counsel and go with them as far as possible, reserving the right in such consultation, as in consultation with a ‘regular,’ to differ and to give his reasons for so doing when his views are at variance with those of the consultant, and thus throw the case into the hands of the patient for decision as to who should take charge of the case. In this way, he thought, homœopathy would soonest be brought to its proper level. This course would deprive the system of the pabulum, on which it thrives, viz., persecution. ‘Let us,’ he said in concluding his interesting paper, ‘hold firmly those things whose truth has been established; let us be ready to give up and cast aside all theories, however dear they may be to us, if they are proven false. We are yet groping in the dark; facts which long years of experience have placed in our possession, clues that we have laid hold upon, seem oftentimes to lead us in different and even contrary directions; but I am confident that in the future they will all be reconciled, for I believe that back and beyond them all, there is one grand therapeutic law, which will be revealed to us when life and its processes are no longer a mystery.’ ”

In the discussion which followed Dr. MULHERON said:—

“Homœopathy is too often condemned at sight, and without a previous enquiry into its nature. He had taken some pains to look into it and was convinced that it contained a very important law of cure—one of the laws of cure, for there are several. There is not a physician who does not daily unwittingly treat disease according to this law. He instanced the protective influence of vaccinia against variola, the local application of the mitigated stick to granular lids, the injection of a solution of nitrate of silver in dysentery, and the application of a blister to an old, ill-conditioned ulcer as indisputable illustrations of the working of the law of *similia similibus curantur*. There is a

truth in homœopathy and it is the duty of the regular physician to utilise it."

And thirdly, passing from the societies to the journals, we find Dr. BRODIE—the President of the Wayne County Society—writing as follows in the *Therapeutic Gazette*, of which he is the editor:—

"The question of the propriety as well as the possibility of regular practitioners of medicine, so-called, holding consultation with homœopathic physicians at the bedside of the patient is one which has recently come prominently to the front in England, particularly during the past year. And although circumstances have favoured this prominence in that country, the question is one in which the profession of this country are not less interested, notwithstanding the fact that it has received comparatively little attention on this side the Atlantic. Our British brethren are anything but liable to be easily disturbed by trivial causes, and the fact that there has been a very general discussion on this subject, *pro* and *con*, in their medical societies and medical journals, indicates a deep undercurrent of interest in the matter. This discussion indicates a very marked change in sentiment from that which obtained even a decade ago, when to have entertained the proposition of consultation and affiliation with the homœopaths would have cost the physician most exalted in his profession, his rank and even recognition as a respectable practitioner. But the world moves, and to-day we find those high in authority in England—men who for a full generation have been bright particular stars in the medical firmament—not only entertaining such a proposition, but actually meeting at the bedside those who pin their faith to the law of similars in therapeutics, and their standing is not perceptibly affected by the act.

"We, in this country, notwithstanding our claims to independence, are still largely dominated by European authority, and the fact that the movement indicated is on foot across the seas makes it advisable for us, much as we may dislike to do so, to cast about for an easy place on which to drop from the high position we have assumed on the question of the recognition of,

and affiliation with, homœopathy. Individually, the pill would be as yet a bitter one for us to swallow, but the past few years have vested it with several layers of sugar coating, and we cannot close our eyes to the possibility of the addition of such layers in the comparatively near future as will render it far from distasteful. The fact of the matter is, there is a change going on, and the conditions which render the proposition to consult with a homœopath, a few years ago repulsive to every sense of ethical and scientific propriety, have been very largely eliminated from the question. We can remember when the term 'homœopath' was practically synonymous with ignorance of the fundamentals and essentials of medicine in him who sailed under that colour. We can remember, too, when among 'regulars' methods which are now regarded as crude were held in high favour, and when the success of the dose was apparently largely conditioned in its nauseousness. The past quarter of a century, however, has wrought a very material change in these regards. The homœopath has found that something more than a mere palatability of his medicines is necessary to successful therapeutics, and the 'regular' that palatability is in itself not only an unobjectionable property of a dose, but that it is one which should be positively cultivated. The homœopath has found that a little more than a tincture of moonshine is necessary to therapeutics, and the 'regular' that a little less than forked lightning will, in a majority of instances, answer all practical purposes. Thus the two have been gradually approaching each other from opposite directions, and it is not beyond the bounds of the possible—it is, indeed, within those of the probable, that they may, in the not distant future, get near enough to clasp hands and laugh together over the consummate idiosyncrasy of their granddaddies.

“The fact that there is a truth in homœopathy will scarcely be denied by any one who has taken pains to investigate its claims. Such will also scarcely deny the fact that its former claim of the universal applicability of the law of *similia similibus curantur* is untenable. It is, furthermore, we believe, an indisputable fact that nine-tenths of those who to-day style themselves 'homœo-

paths ' are such only in name—that is, that they do not practise what the name under which they sail implies, viz., that they prescribe, under all circumstances, on the theory that the drug given produces in the patient a modified form of the existing disease which, running its course, exhausts the susceptibility of the system to the original disturbing cause. In so far as they do not do this they are inconsistent, if not actually dishonest, and herein lies the chief objection to our affiliation with them. Assuming the distinctive name of homœopath, honesty demands that they should follow such practice as the name implies, to its legitimate conclusions. It is our privilege, not being bound down by any tradition or name, to prescribe homœopathically should we conclude that, in a given case, such prescription be proper, but the homœopath as such, must travel in the narrow rut of his dogma. Let him who now claims to be a homœopath, but who is only partially such, strike from his sign the distinctive appellation, and if he be an educated man, that is in such essentials of medicine as constitute common ground between all 'schools' of therapeutics, the day of the affiliation with those now yclept homœopaths will be brought quite near."

Then, again, Dr. SPENCER publishes the following remarkably outspoken article in a recent number of the *Medical Record*—the leading medical journal in the United States:—

"Although homœopathy has been received with derision by a vast majority of the medical world, it has steadily progressed in favour, overcoming obstacle after obstacle, until to-day the system of medicine founded upon it numbers among its patrons and steadfast friends a large proportion of the more intelligent and cultured people of each community. It is recognised in some of our universities. Our State Boards of Health are in part composed of homœopathists. Some of our State institutions are controlled by them, and in a late number of the *Medical Record* it is announced that the Binghamton Asylum for the Insane has been placed under the medical charge of a homœopathist. This is the second asylum for the insane in the State of New York under homœopathic control. Consultation

with homœopathists has been advocated by such men as Jonathan Hutchinson and John Syer Bristow. With such facts staring us in the face, it becomes our duty, as honest practitioners of the healing art, to investigate, calmly and thoroughly, the claims of homœopathy, and if we find that it teaches the use of any remedies which, used according to this system, are more successful in the cure of disease than those remedies we have been taught to prescribe, we are bound by honour, duty, to say nothing of self-interest, to use them. The subject is too vast to be considered in a single paper. I shall, therefore, select two medicinal substances, viz., *aconite* and *mercury*, and shall try to prove, by our own standard authorities, that when we are successful in treating diseases with them, it is in accordance with the homœopathic doctrine, and although all sorts of explanations are advanced as to their *modus operandi*, the plain simple fact is, that Hahnemann gave the symptoms and treatment years ago that Profs. Bartholow and Ringer now emphasise.

“Are we better qualified to-day, so far as having a definite knowledge why we use certain drugs, in curing disease than we were fifty years ago?”

“Will any gentleman present explain to me why he uses *mercury* in any disease? Have we really made any progress in the practice of medicine except what has been forced upon us by those whom we regard as irregular practitioners?”

These are serious questions, and should command our earnest attention.

After going over the curative action of *aconite* and *mercury*, Dr. SPEER shows that the special indications for the drugs are alone found in homœopathic authorities. In reference to *mercury* he says:—

“Now, gentlemen, after the statement of Prof. Ringer, that in one form of diarrhoea *bichloride of mercury* acts more satisfactorily, and in another form gray powder, where shall we go to obtain some explanation or reason for this? Have we an author

who will point it out to us? If we have, I have failed to find him. On the contrary, the more I studied the matter the greater was my confusion, until I sought in homœopathic works for a solution, and then I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations, as pointed out by the earlier homœopathic writers, are these by which they are now governed in practice. We adopt the treatment empirically, and are in a measure successful; but not recognising the law by which it is administered, we use the remedy at a great disadvantage.

“There are two things in homœopathy that at once antagonise the regular physician. The *similia* principle, and the size of the dose administered; and the feeling is so bitter, that scarcely a physician can be found who will make the least investigation of it. The principle of *similia*, &c., no matter how much we may deny it, is still the only one by which we can explain the action of many of our most potent remedies. Second, in administering drugs, we aim to give just enough to prove curative in the disease we are treating. No school of medicine, I believe, attempts to do more. Homœopaths claim that their method of preparing drugs is superior to ours, and that they can obtain the same results with much smaller doses. Dr. Marcy (*Homœopathic Theory and Practice of Medicine*, page 119, 1850), writing on this subject, says: ‘The advantages which we obtain from a minute subdivision of crude substances are as follows:—

“*First*.—We develop every part of the active principle pertaining to the substance by breaking up all natural organisation or arrangement between its molecules, and thus exposing a large ——— of active surface, which would otherwise have remained

Second. — By distributing these molecules intimately about an inert vehicle (sugar or water), they are far more absorbed by the delicate lacteals and absorbents than and irritating particles of matter.

“ ‘ *Third.*—When these minute atoms have been conveyed by the blood to those parts with which they have an affinity, they penetrate the smallest vessels, impress the minutest sentient nerves, and become productive of results entirely unattainable by drugs in a crude form.

“ ‘ *Fourth.*—During the act of subdivision it is not improbable that the atoms of drugs sometimes become oxidised, and thus acquire new and increased powers.

“ ‘ *Finally.*—We infer that no new properties are developed by the homœopathic method of preparing drugs, except such as arise from the mere subdivision of their particles, and that all ideas respecting *spiritualisation*, *dynamisation*, and *magnetism* in the preparation of medicines are erroneous and untenable. In regard to the repetition of doses, we are to be guided by the *acute* or *chronic* nature of the malady, the urgency and danger of the symptoms, and the effects produced by the medicine.’

“ Dr. H. G. Piffard, Professor of Dermatology, University of New York, in his *Materia Medica and Therapeutics of the Skin* (article ‘Mercury’), says: ‘Since we have used the triturations, however, in preference to the ordinary pills, patients more rarely complain of disagreeable sensations. We have further been enabled to materially reduce the size of the dose in order to obtain the desired effect. In other words, a larger proportion of the drug is utilised for specific purposes, while but a small amount remains to give rise to *local irritation*. I have nothing to add to this, he says, except that I continue to use triturations of *mercury* and other substances with increasing satisfaction.’

“ Dr. Piffard began with the first and second decimal triturations; how much higher he goes he does not say.

“ These are all the drugs to which I shall allude in this paper. Of my own personal experience in the use of them I shall say nothing. My only wish is that we may investigate the subject carefully and wisely, and if we find that the principle of *similia similibus curantur*, even to a limited extent, is correct, it is our duty at once to admit it. And if the administration of drugs in minute doses, in the form of dilutions and triturations, is more

beneficial than when given in the usual form and way, we should at once acknowledge it; and not only that, we should make good use of them, so far as they may go, in treating those who may be placed in our care.

“To alleviate the pain and distress of the sick in the easiest and pleasantest manner possible ought to be the constant study of the physician, and the simple excuse for not investigating this subject, that so much prejudice has been aroused by it, is unworthy the dignity of the medical profession.”

EXPERIENCE WITH HOMŒOPATHY.

BY IDE STETTIN, M.D.*

“I am neither allopath nor homœopath; I am satisfied to call myself a physician.”—IMBERT GOURBEYRE.

I do not attempt to engage in the present hot discussion as to the merits of homœopathy—a discussion which can never be decided *a priori*. Such a procedure verifies the old adage, *Invidia medicorum pessima*. I wish only to let fair and precise experience speak. This alone is conclusive on the subject. I wish to show from the daily practice of a non-homœopathic physician that the Hahnemannian aphorism, *similia similibus curantur*, is really of high therapeutic worth, and if indeed, not a therapeutic law, is at least a valuable guide. I wish also to show that small and very small doses work cures. Such candour on my part may appear at this time critical and dangerous, but I hold it to be my duty to acknowledge openly what I know to be the truth.

It was no culpable inquisitiveness that led me to stretch out my hand for the forbidden fruit. It was necessity, it was the desire to aid my patients in cases which the methods and experiences of the school had left in the lurch; cases, too, which have not been exceptional, but which other physicians also fail to cure. I believe that such a situation excuses the practical physician for *salus ægroti suprema lex*.

Has it not happened to me—and I know that many colleagues have had the same experience—that patients

* Translated from the *Berliner Allgemeine Medicinische Central Zeitung*, for the *Hahnemannian Monthly*, by S. Lilienthal, M.D.

treated by us for a longer or shorter period without benefit, have been restored to health, and sometimes very rapidly, by homoeopathic treatment? It is, indeed, nonsense to attempt a justification by claiming the cure to be effected by proper diet, nature, &c. The public do not believe it and simply ask, why we did not use the same effective means? I consider it dishonest, and the public look upon it as an evidence of bitter envy, when we sneer at homoeopathic cures.

“There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy,” and what appears to us incomprehensible and amazing need not, therefore, be false.

It would be more honourable to admit our ignorance of this therapeutic method, and to study not alone the doctrine of homoeopathy, but also with all faithfulness and earnestness its *Materia Medica*, and to prove its value and truth as asserted by so large a number of physicians.

This was my motive in writing this article and in giving the following list of cases, and I can promise any non-prejudiced colleague that he may be in a position to aid his patients more than heretofore, as well as to confer on himself much peace and satisfaction :

1. *Arsenic and Diarrhœa*.—That *arsenic* in small doses causes vomiting and diarrhœa, which are not seldom bloody and watery, also great prostration, can be read in any book on *Materia Medica*.

Kurt Bl., æt. five months was brought to me, suffering with entero-colitis. He vomited occasionally ; his passages were frequent, watery, with streaks of blood, and discharged as if shot out of a pistol ; moaning, tenesmus, and great prostration. My first prescription failed to relieve. I then prescribed *solut. ars. Fowleri guttas duas ad 75 grammes* (18 teaspoonfuls) *aquæ*, a teaspoonful every two to three hours. The next day the number of passages diminished, and were less watery, with no signs of blood. Instead of this, however, there was œdema of the face, particularly of the lower eyelids, which the mother correctly ascribed to the effects of the medicine. I therefore administered the remedy at longer intervals and in smaller quantities. In three or four days the intestinal secretion was entirely arrested, but the œdema of the face still remained, and to this was added reddening of the edges of the lids.

These symptoms are found so frequently to be caused by *arsenic*, that I can safely claim that *arsenic* acted. And this was due to two drops of Fowler's solution divided over a period of five days.

2. *Arsenic and Abscesses.*—That *arsenic* from long-continued application acts injuriously upon the skin, producing even deep ulcerations, that the pains are mostly of a burning character with nightly aggravations, may be found not only in the so-called *Materia Medica Pura*, but also in the text-books of the school. The frequent exhibition of *arsenic* in chronic exanthemata is therefore homœopathic (homœopathia involuntaria). Still more striking is its action in peculiar obstinate ulcers of the feet, with great destruction, puffed callous edges, with hard infiltration of the surrounding parts and accompanied by severe burning pains, robbing the patients of sleep and driving them from bed.

I succeeded in curing an ulcer of the lower limb in an old decrepit woman who had been troubled with it for years. I prescribed *solut. Fowleri guttas tres ad 100. grammes* (25 teaspoonfuls) *aquæ*, a teaspoonful three times a day, in connection with the external use of *ol. carbolicum*.

The pains subsided at once, and the woman was able to sleep the first night after the medicine was taken.

3. It is well known that the *antimonial* preparations, and especially *tart. stibiatus*, promote secretion from the respiratory mucous membrane and also from the skin.

This fact enabled me to cure one of my patients homœopathically, who was suffering with emphysema and chronic bronchial catarrh, and who every fall and spring had feverish exacerbations of his catarrh, accompanied by profuse expectorations and drenching sweat. *Tart. stib.* cured the exacerbations in four or five days, though the chronic disease remained. I prescribed *tart. stib. 0.01 ad 200 grammes* (50 teaspoonfuls) *aquæ*, one teaspoonful every three hours. Formerly it took me weeks to accomplish the same result.

4. *Calcium sulfuratum, hepar calcis*, is but little used by our school, and Bernatzik (Eulenburg's *Real Encyclopadie*, vol. ii) does not even mention it. And still I should not like to do without this remedy, which is prized so highly and so frequently used by the homœopath. It is therefore no little satisfaction to me to find that Sidney Ringer, in his handbook of *Therapeutics*, warmly recommends it:

1. In ulcerations with unhealthy pus; 2. Inflammations which threaten to end in suppuration, as its exhibition prevents its arriving at that stage; 3. In already formed abscesses, as blood boils and carbuncles, as it hastens the formation of pus, the opening of the abscess, and lessens the inflammation; 4. In indolent cellular tissue abscesses of scrofulous children; 5. In scrofulous disease of the bones and in scrofula generally. Now, all these indications and many others no less valuable, homœopathy—Sidney Ringer is no homœopath—had given us long before Ringer.

The similarity between Sidney Ringer and homœopathy becomes still greater when we read that the former employs extremely small doses, in reality homœopathic doses, namely, 0.003—0.006 with 0.12 sugar of milk, which is equivalent to the 8d—4th trituration of the homœopaths, and the one most frequently used by them. I can confirm the experiences of Sidney Ringer, and as such an authority gives evidence, although involuntary; for homœopathy, it will not be necessary for me to detail special cases from practice.

5. *Arnica* is a well-known drug, but is used less by physicians than by the laity; still for all that, it fully deserves its names of *fallkraut*, *blutblume*, *wohlverleih*.

Among other things, I wish to call attention to its beneficial action in contusions from falls, and in hæmorrhages of all kinds. It makes the use of ice superfluous, being superior to it in its working, aside from its easier and pleasanter application.

Particularly striking for me was a case of contusion of the thigh. The accident had happened eighteen days previous, and cups, cold effusion, and inunctions had been used without any benefit.

The external thigh was considerably swollen, fluctuated on palpitation, and several loose coagula could be recognised. The extravasated blood-mass was considerable, and the skin showed the usual discolouration. Most physicians would have considered an incision made with all antiseptic rules absolutely necessary. I, however, prescribed *tinct. arnica rad. guttas sex ad 100 grammes* (25 teaspoonfuls) *aquæ*, 1 teaspoonful four times a day and had the satisfaction to achieve the desired effect in a few days.

For, when the patient called upon me again ten days later, it was not on account of his contusion but for a cut on his finger. He had been working for several days.

The thigh showed only a slight swelling, which did not fluctuate any more, and between the upper and middle third of the vastus ext. muscle one could distinguish a hardness, in all probability the site where he had been struck.

I achieved a no less happy and rapid result by the internal and external exhibition of *arnica* in a severe subluxation of the knee, with considerable swelling and effusion in the joint.

6. In this case I discovered the working of a remedy, the efficacy of which is denied by some. I mean *silicea*.

The patient, who had believed himself cured, used his limb too soon and too severely, produced again pain and lameness, and the examining hand could feel a widespread crepitation in the fibrous portions of the knee-joint. A three-days' use of *silicea* 3d. trit., 0.05 gram, 8 times a day allayed all the symptoms.

That the working of *silicea* here was not accidental is proved by another case.

Two years ago a student bruised his right elbow-joint. A year ago he fell upon the same, and since then has suffered from pain, stiffness, and lameness, with slight swelling of the surrounding parts. Still later the joint was over-exerted in fencing, and when I saw it, fourteen days afterwards, it was greatly swollen; the arm could neither be fully flexed or extended, and I could feel considerable crepitation at the inner edge of the condyle. I prescribed *silicea* 3d trit., 8 times daily. Several days later, the patient presented himself feeling greatly improved, and four days afterwards the joint was perfectly normal.

7. *Cantharides* produces inflammation of the bladder, dysuria, and bloody urine. One will therefore never go amiss in prescribing it in small doses for such ailments.

On the 6th of June, a patient came to me who was troubled with cystitis, hæmaturia, and the other well-known symptoms as sequelæ of a gonorrhœa. I prescribed *cantharides guttas tres ad 200 grammes* (50 tea-spoonful, 1 teaspoonful, every 8 hours. The pain and pains ceased the same day; on the 8th of June the urine was still cloudy, but on the 12th every trace of trouble had vanished.

THE LION AND THE LAMB.*

WHATEVER doubt may have existed respecting the desire of the allopathic lion to secure peace and harmony by swallowing the homœopathic lamb, must surely have been dispelled by the events of the past few months. A mighty revolution is shaking the defences of professional intolerance to their foundations, and the whole superstructure, which only one brief year ago seemed well-nigh impregnable, is to-day tottering to its fall. The apparent beginning of this revolution, beside the death-bed of the late Lord Beaconsfield; the stimulus it received in the addresses of Drs. Bristowe and Hutchinson; the conquests it has received in the Royal College of Physicians of England and in the State Medical Society of New York; the marked change in the tone of allopathic journals; all these had their real origin in a gradual change of professional sentiment, which only awaited an opportunity to give itself open and peremptory expression. Looking at the history of medical ethics from the standpoint of the present, we can see how little cause for surprise there is at the sudden change in the attitude of allopathy. It would have been a monstrous injustice to suppose that allopathic physicians were unanimous in the support of their infamous code of ethics. That phenomenal stupidity was the creation of a political majority only; it no more represented the sentiment of the majority of the more honest and progressive portion of the allopathic school than do the wiles of the machine politician represent the intelligence and honesty of the great party he professes to serve; and this being the case, there was really no reason why the overturning should not be sudden and complete, when once the integrity and the wisdom of the profession should be able to assert their divine, kingiy prerogative. And thus it is. The processes whose completion was expected to require years and decades, are being crowded into months, and compressed into days, and momentous events are treading upon each other's heels in eager haste to repair the misdeeds of the past, and to wipe out, if that were possible, the foulest stain upon the page of medical history—the professional bigotry of the nineteenth century.

Yet it would be a profound mistake to imagine that the men who place themselves in the forefront of the revolu-

* Reprinted from *Hahnemannian Monthly*, March, 1882.

tion are necessarily more wise, more liberal, or more honest than their fellows who are scarcely seen in the movement. The shrewd but unscrupulous politician always tries to be on the winning side. If we judge these would-be leaders by their actions—and we have no other method—it must be apparent that their jealousy of homœopathy is as venomous as ever. The system of Hahnemann was hated in its birth, hated in its weakness, hated in its growth, and it is hated now in its vigorous maturity—and hated all the more because, after all the predictions of its failure, it has dared to succeed. But now that its strength renders it indifferent to the opinions and the treatment of its adversaries, a different method is necessary in dealing with the young giant. The homœopathy of 1825, knocking timidly at the Eastern Portal of the Republic, poor, weak, friendless, helpless, was an object to be contemned. The homœopathy of to-day, reaching out its resistless arms to the Golden Gate of the Pacific, strong, confident of the divinity of its mission, flushed with an undreamed-of success, and hurrying forward to new victories and more magnificent achievements, is a power which cannot with safety be despised, and must therefore be conciliated.

It is not very likely that the homœopathic profession can be misled by the new tactics of its adversaries, or rather of those who are placing themselves at the head of the movement. The opinions of these men respecting homœopathy are precisely what they were nine months ago, when they issued their impotent anathema against their professors who dared to lecture in the presence of homœopathic students. Besides, it is not a question of opinion, it is a matter of sentiment and of feeling. Many of these men know that homœopathy is a therapeutic truth; but they hate it none the less. Indeed, some of them appear to become more bitter against it in proportion as its truth and efficacy become more apparent. Will any of us be foolish enough to imagine that these people are becoming friendly to homœopathy, simply because they are yielding to the force of a public sentiment which they cannot and dare not longer resist? Is the Royal College of Physicians favourable to homœopathy when it votes to allow its members to practise that system, but forbids them to acknowledge their opinions openly? Is the New York State Allopathic Society becoming favourable to homœopathy

when it votes to allow consultation with us, and bases its action on the statement of its president, that we have abandoned our principles? Considering the persistence and the energy with which a few industrious members of our own school have misrepresented us, we can scarcely be surprised to hear their falsehoods echoed from the other side; but how far may we trust a body of men who thus agree to consult with us, not because they hold our opinions, but because we profess one thing and practise another? The allopath who bases his friendship for a homœopath on the latter's want of good faith is himself a knave. And the homœopath who knowingly accepts such a friendship is both a knave and a fool. He not only acknowledges his rascality, he advertises it.

It is the old invitation of the spider to the fly—"Will you walk into my parlour?" The new system, which always worsted its ancient rival in an argumentative appeal to reason, always substantiated its principles by the test of experiment, always scored a victory in a competitive trial of success, always throve under ridicule and grew vigorous under persecution, is now to be overcome, if possible, by diplomacy and chicanery. According to the English plan, the homœopathist is to drop his title and thus lose his identity. Then the allopath is to feel perfectly free to practise all the homœopathy he chooses, and thus to acquire the reputation for therapeutic skill and success, which properly belongs to his quondam rival. The American plan is much like it, but with this addition, that the homœopath is to be branded, and, if possible, induced to brand himself, as a cheat and a scoundrel; that he is thus to be prevented from wresting any more hospitals and asylums, and any more public offices from his insatiate opponent; while on the other hand the allopath is to take possession of that small portion of the Homœopathic Materia Medica which he has not yet stolen, and thus place himself upon a therapeutic equality with his hated competitor. It is a pretty little scheme, and if only the homœopath can be wheedled into it, will doubtless accomplish what the bolder and more honest methods have utterly failed to effect—the overthrow of homœopathy as a special therapeutic system, the upbuilding of an incongruous system of mixed practice upon its ruins, and the setting back of medical science at least half a century.

The motive which actuates the revolution is not difficult to discover. The average allopath is not so densely ignorant but that he can learn the relation between cause and effect like other people. His knowledge of drug effects and of disease effects, crude though it may be, is not so exceedingly shallow but that he knows the law of similars to be true, just as well as we know it. He applies it every day in his practice, he sees its almost marvellous operation in the cure of disease, he reads the comparative statistics of the two schools, he beholds the system making inroads upon the old-school domain, he detects in his own textbooks multitudes of plagiarisms from homœopathic works, and, last of all, he subjects the principle of similars to the test of rational examination and finds it to be not only reasonable, but the *most* reasonable method of applying drugs to the treatment of disease which his mind is capable of conceiving. He believes in homœopathy because his common sense compels belief. But will he publicly avow his faith ?

“Aye ; there’s the rub !” The question of belief may be easily settled, but the jealousy and the hate are not so easily put aside. Harder yet is it for the morally weak to confess fully and freely the faults and follies of a whole career. The prejudice against Hahnemann’s teachings, intense as it has been, is scarcely so strong as the almost unutterable dislike of Hahnemann’s name and person. Moreover, the allopathic profession has always denied the right of original research and discovery to everybody outside of its own charmed circle. Could they, at this moment, obliterate the world’s remembrance of Hahnemann and his discovery, thousands upon thousands of them would hasten to rediscover homœopathy, and the second medical crusade would be preached almost before the ink is dry upon this printed page. To them the honour of discovery is glorious ; the humdrum acceptance of another’s discovery is tame ; the reception of a discovery made by one ridiculed and hated is so repugnant as to be well-nigh impossible ; and the thought of establishing general medical practice upon the basis of homœopathy, even upon a physical demonstration of its truth and superior efficacy, is so utterly abhorrent to the allopathic profession that they are ready to adopt almost any plan rather than make public concessions to Hahnemann or to his present followers. That is a pill which, although it must be swal-

lowed sooner or later, will require several layers of sugar coating to disguise its intense bitterness. The proposed abandonment of our homœopathic title is *one* coating, designed to render the dose more palatable; the false assertion that we now reject most of Hahnemann's teachings is another; the statement that our colleges *now* teach anatomy, chemistry, and pathology, implying that they formerly did not, is a third layer of sugar; the falsehood that our practice has changed in its essential character, and that it is no longer "based upon an exclusive dogma,"—as though a change in the practice constituted a change in the dogma too—is a fourth stratum of sweetening; and the poor allopath finds that the bitterness permeates the coatings one after another, that the pill has grown to be a bolus, and bids fair to choke the patient in his vain endeavour to get it down without making grimaces over it.

The proper attitude for the homœopathic profession to assume, under the changed and still changing circumstances, is a matter of vast and vital concern. The only safe course for us is that which will best subserve the interests of humanity, best promote the advancement of therapeutic science and art, best commend itself to posterity when the asperities of professional controversy shall have been forgotten. If we believe, as we profess to believe, that homœopathy furnishes the surest, the safest, and the quickest method of curing disease, we are morally, as well as professionally, bound to give our whole energies to its development and its promulgation, and this without the slightest regard to any position which allopathy has taken or may hereafter take. Arrogant as it may seem, we must consider ourselves "the profession," not in any pharisaical sense, but as the Heaven-appointed custodians of the highest and foremost truths of therapeutic science, whose sacred interests we dare not even neglect, much less sacrifice to the behests of a maudlin sentimentality. There never was a time in homœopathic history when watchfulness, and energy, and unity on our part were so imperatively demanded as now. We must be on the alert lest our wily opponents wrest from us our present high vantage-ground, or betray us into inconsistencies which shall render us unworthy of further victories. We must extend and increase the number, the membership, and the efficiency of our organisations; we must secure more and better

hospital experience ; we must strengthen our colleges ; we must encourage our literature, develop our fields of original research, and strengthen our individual influence in daily practice. Above all, *we must stand together as one man*, hold fast the trust committed to us by the Almighty Healer, and let no man take either Hahnemann's crown or ours. When all physicians recognise the fact that a scientific system of therapeutics is not possible, except upon the unchanging basis of a knowledge of drug-action upon the healthy body, and that there must be some definite and uniform relation between drug effects and the phenomena of disease, then we shall see the adherents of all schools working together in harmony to advance the grand interests of science and of humanity. So let the middle wall of partition be broken down ; let the schools take counsel together ; let medical research be untrammelled and medical opinion free. Let unreasoning prejudice give way, and the foul spirit of medical intolerance hide its monstrous deformity in a grave whose depths no resurrection trumpet-blast shall ever sound. Then we shall soon know whether the central doctrine of homœopathy is to live or to die ; whether our struggle has been for nought, and our sacrifices offered in vain ; and of the results of that day we have no doubt and no fear.

REMARKS ON THE PROPOSED DIPLOMA OF THE LONDON SCHOOL OF HOMŒOPATHY.

By ALFRED C. POPE, M.D.,

Lecturer on Materia Medica at the London School of Homœopathy.

I HAVE hitherto, for reasons on which it is needless for me to enter, abstained from taking any active part in the discussion which has recently been provoked by the resolution of a small and irregularly summoned meeting of the Governors of the London School of Homœopathy to create a diploma having the style of *Licentiate in Homœopathy*. I feel, however, that I can no longer refrain from an expression of opinion on the step which has been taken ; the more especially, as I see that it has been publicly stated by the chief advocate of this movement that it had, at one time, my "full approval." So far is this from being the case—that it is a step which I had never contemplated as

being within the range of practical politics; one of which I was not made aware until it was *un fait accompli*; one to which being, as I supposed, beyond recall, though I did not offer any pronounced opposition, I certainly gave no countenance; while the sole motive I had for not protesting against it, was my personal regard for those who were enthusiastically bent upon carrying it into effect. But the more I have contemplated this proposal, the mode of its initiation, its bearings and its consequences, the more convinced I am of its mischievous character. While, then, I yield to no one in my admiration of the enthusiasm and zeal for the furtherance of a knowledge of homœopathy, which have induced its proposers to bring it forward, I cannot but lament the want of tact and discretion which have marked the exhibition of their enthusiasm.

I can recall no event in the history of homœopathy which has occurred in this country during the last thirty years which has given rise to so considerable a series of painful and ever to be regretted incidents as the institution of this diploma has done.

In consequence thereof, we have had angry and perfectly useless debates regarding it, involving the loss of much valuable time, at our chief medical society. We have been shocked by the issue of a periodical, the tone, style and temper of which have been universally deplored, and cannot be too strongly deprecated. The regret which such a production has excited has, moreover, been rendered deeper by the knowledge, that the gentleman, who is solely responsible for it, is one who has rendered services to homœopathy of the highest value, whose zeal for doing good in the same direction is not exceeded, if indeed it is equalled, by that of any member of our body, and whose power and influence are likewise considerable. Then, again, threats have been held out, on the one hand, to make the granting of this diploma the basis of a distinct schism; while in another quarter, a desire has apparently been manifested to render it a means for breaking up what little unity at present exists among homœopaths here in England. And, lastly, we have seen Dr. Drysdale take advantage of this hasty and ill-considered proceeding to make a violent and ungenerous attack upon the London School of Homœopathy, and inferentially to express his desire to see it rooted out, unless it is conducted in a way

in which every one who knows anything about the matter is fully assured that it cannot be conducted.

Such are a few of the deplorable results of the injudicious action of the adjourned meeting of the Governors of the School held on the 15th of December last.

First of all, I will notice the proceedings.

The meeting of the 15th of December, 1881, was called for the purpose of revising the laws of the London School of Homœopathy—the proposed revision having already been published in the November number of the *Monthly Homœopathic Review*. Not one word was said in the circular convening this meeting of any intention to propose the institution of a diploma. And yet it has since been stated in the weekly periodical to which I have alluded that “this step was by no means a surprise to those present!” I have every reason to believe that before entering the room not one of those present, save the proposer and the honorary secretary, had any idea of the move that they were to be asked to sanction! No medical governor had the least reason to suppose that anything of the kind would be brought forward. Nothing approaching diploma-giving is mentioned, either directly or indirectly, in the statement of “The Objects” of the school published in 1876, nor in “The Preamble” to the laws as revised at this very December meeting! It being presumed that the business would, as it always is at public meetings of societies, associations, companies, &c., be confined to the points stated in the circular convening the meeting, and the proposed revision as published containing nothing objectionable, medical governors naturally did not feel their presence to be essential. The meeting, it was anticipated, would be a purely formal one.

It turned out very differently, however. A resolution was, as arranged with the honorary secretary, brought forward by Dr. Hughes, instituting this “Licentiate in Homœopathy” diploma! Seven medical governors were present, one of whom was obliged to leave before the conclusion of the business, and this momentous issue, this parent of so much evil, was resolved on by six!

It has been urged, in explanation of this extraordinary course, that a diploma is the normal sequel of education, and that therefore there was no necessity for the insertion of any intention to confer one among the objects of the school. But education in a special therapeutic method

does not naturally terminate in a diploma. No precedent for anything of the kind can be shown. The L.M. of the College of Surgeons, or of the Dublin hospitals, testifies to proficiency in one of the three great divisions of the profession of medicine—not to a method of treatment which is more or less common to all.

Further, it is well known that had the intention to confer such a diploma been stated to be among the objects of the School at the outset, it would not have received the large amount of support that it did; while the opposition, which it encountered somewhat later, would have been intensified tenfold.

Again, it is urged that the proposal to institute this diploma was only made known to the honorary secretary by Dr. Hughes *two days after the circular convening the meeting had been issued!* This may be sufficient to acquit Dr. Hughes and Dr. Bayes of any *intention* to “spring” this proposal upon their colleagues unawares, but it is no excuse for their having done so. The very least that might have been expected under such circumstances would have been the issuing of a fresh circular announcing Dr. Hughes’ intention. Properly, however, the proposal should have been adjourned until a future occasion, on the ground that it was sent in too late.

But the apologists for this move further say, that, according to one of the laws, any motion may be brought forward at an “annual meeting.” The meeting, however, on the 15th of December was not an “annual meeting.” This took place in September. The December meeting was an adjournment of the annual meeting for a special purpose—viz., to revise the laws on the basis of a report of a committee appointed at the September meeting.

Supposing, however, that the apologists are as right in their apology as they are in reality wrong, what must the effect of such a law, so carried out, be upon an institution? Anyone might come forward, without any notice, and, in a suitably packed annual meeting, propose its closure and the diversion of its funds into any channel rather than the one into which the subscribers destined those funds to flow!

No. The law gives permission to any governor to bring forward any motion at an annual meeting, but it does so on the unwritten, but universally received, understanding that full notice shall be given to all interested of

the terms of the proposed motion. Without such an understanding, fully and honourably carried out, we should have no guarantee for the stability of any of our societies or associations.

I object, then, to this diploma, in the first place, because the school can show no title to confer such distinction upon anyone; and *secondly*, because, even supposing that it could do so, the manner in which it was done was irregular and in defiance of all those well understood and accepted rules which govern the business of meetings of such institutions; *thirdly*, because, if confirmed, it establishes a precedent which may be quoted in the future with most disastrous results to the well-being of the school.

If anything of the kind proposed by Dr. Hughes is done by the school, a special meeting of the governors must be held—*first*, to enlarge the scope of the school's objects, and *then* to carry out such addition to these objects as may have been agreed upon.

By no other means can any diploma issued by the school be other than illegal and spurious.

I will now consider the details of the proposal of the school, supposing that it had been brought forward as regularly, as it has, undoubtedly, been irregularly introduced.

Dr. Dudgeon states (*British Journal of Homœopathy*, April, 1882, p. 157) that "the guiding spirits of the London School of Homœopathy wish to establish a body and have it entitled under the Medical Act to grant qualifications, which shall impose upon a candidate, offering himself for examination, an obligation to adopt the practice of a particular theory of medicine." Nothing of this kind has, so far as I am aware, been suggested. The school proposes to ascertain the knowledge which a candidate, already qualified to practise, possesses regarding a method of treatment respecting his familiarity with which, the diplomas he holds give no evidence. They do not seek to give a qualification to practise. In the face of the refusal of Parliament to grant such a privilege to the Victoria University, any endeavour of the kind would be useless. Neither do they desire to impose any obligation to practise, or refrain from practising, either homœopathy or any other theory of medicine. Their sole object is an

ascertainment of knowledge, and the diploma is the certificate that this knowledge is possessed.

The diploma proposed to be given with this intent is styled a "Licentiate in Homœopathy;" or rather the holder of it is so styled, the document itself is necessarily a license to practise homœopathy. The very word "license" conveys a meaning which is incompatible with the intention of the school not to grant a qualification to practise, but simply to afford to the holder evidence of his knowledge of homœopathy, or, in the phraseology of Dr. Hughes, "a warrant of his competency" to practise it.

That the word *license* does not convey the meaning which the diploma of the school would alone bear, Dr. Hughes "brushes aside" as a "triviality." But, if words have meanings, we are bound to respect such meanings when we use them; and this more especially in documents of a public character, documents which will have to be interpreted by persons who attach the "lexicographical" meanings to the words employed.

A license, then, conveys the idea of permission, it does not testify to anything. The Licentiate in Homœopathy would go before the public armed with a document giving him permission to do that which no one can give him a title to do! It would lead all to suppose that he was a specially privileged person, while, in point of fact, he has no special privilege whatever. If, as Dr. Hughes says, "it simply warrants its possessor as competent in the judgment of a duly organised body of his colleagues to practise the particular method whose name it bears"—then let the diploma be of the nature of such a warrant, and not one calculated to convey a totally different meaning. Any title or document couched in terms or language liable to give a false impression is to be deprecated, and such would be the effect of a diploma styled a "license in homœopathy."

The proposed license is to be designated by the letters "L. H." The chief value of a diploma is the degree of public credit enjoyed by the body which issues it. These letters convey no idea of the source whence the individual using them derived his authority to do so. At present they are generally understood to denote a "Licensed Hawker!" As they stand, unconnected as they are with any public institution, they are really valueless, if not indeed meaningless.

I think, also, that there is much force in Dr. Black's

objection, that this diploma would tend "to foster the growth of crypto-homœopathy." If it were generally supposed that a diploma was necessary to the reputable and successful practice of homœopathy, and that such a diploma could only be obtained by spending nine months in attendance at the London School of Homœopathy, a distinct discouragement would be offered to the investigation and study of homœopathy by medical men in general practice. They could not afford to spend the requisite time in attendance upon lectures, but they could, with the aid of books, and the advice of an already established homœopathic practitioner, make a very fair study of the subject.

This many have done, and many others I trust will do so, but learning that to all who practised homœopathically this diploma was a *sine quâ non* of doing so respectably, that without it an avowed homœopath was liable to be regarded with suspicion; and to be looked upon as a charlatan, such practitioners would never avow the method they had adopted; they would be of no service in propagating a knowledge of homœopathy, or in working it out from a scientific point of view; they would become crypto-homœopaths, and rarely rise above the rank of empirical homœopathists.

Among the various objections brought forward to this diploma by some of the writers in the *British Journal of Homœopathy* (loc. cit.) are two with which I can hold no sympathy. They apply equally to a "license-" and to a "certificate."

1st. To hold such a testimonial of fitness is, we are told, "trading on a name." For my part, I should like to see a clear definition of this process in the first place, and of its professional iniquity in the second.

Because a professional man possesses qualifications superior to his neighbour, the public resort to him in preference. For example—Mr. Smith is a Fellow of the College of Surgeons, Mr. Jones is only a Member. Mr. Robinson, having broken his arm, goes to Mr. Smith rather than to Mr. Jones, because he knows that the diploma of "Fellow" indicates the possession of superior surgical skill to that of "Member." Is Mr. Smith, then, to be charged with trading on the name "Fellow?"

Again, where is the difference between, on the one hand, telling all your friends and patients that homœopathy is a great truth, that you believe in it and practise homœo-

pathically; and, on the other, informing them that you have passed an examination in homœopathy and have received a diploma of competency to practise it? Where, again, is the difference between adding the letters M.B.H.S. to your name and letters signifying the possession of a diploma testifying to your knowledge of homœopathy? How, likewise, is it perfectly correct to hold an appointment as physician or surgeon to a homœopathic dispensary and, *contra bonos mores*, to have obtained a document showing that you have taken some pains to qualify yourself for the post?

For my part, I can see no difference between these several acts. If one is trading on a name, so is the other in each instance. Each and all indicate and make publicly known a faith in homœopathy, or, at any rate, the practice of it.

2nd. A diploma would stamp us as sectarian, it is said. Nothing stamps a man as sectarian except a refusal on his part to associate or professionally to co-operate with his professional brethren. The simple possession of evidence that he has studied a branch of therapeutics which, in the meantime, has not received the *imprimatur* of the College of Physicians cannot make a man a sectary. It shows that he has added to, not narrowed, the area of his professional knowledge.

But, after all, the phrase "trading on a name" and the cry of "sectarianism" are mere pieces of cant. They have been invented and uttered with the view of preventing men, who desire above all things to be eminently correct, from studying homœopathy. Whether a physician practises homœopathically after having had his knowledge of the subject tested, or without having done so, these false and fraudulent epithets will be cast in his teeth. They may well be "brushed aside" as "trivialities" too contemptible to engage attention.

While, then, I regard the act the six medical governors of the school have performed as *ultra vires*, and, therefore, unjustifiable; and while the diploma they propose to issue is one which under no existing circumstances they have any right to issue—one which is calculated to convey a false impression, one which in its very terms is unreal; I am far from thinking that the school may not, after due deliberation, provide a means of testing the degree of knowledge of the subject taught attained by those who

have attended its lectures, and at the same time give them a certificate setting forth the nature and result of the examination they have passed. What is required is an *evidence of proficiency*. This, and this alone, is all that a pupil of the school can ask for; this, and this alone, is all that is required for the public good. This evidence of proficiency might quite well take the form of a certificate, or, if the hankering after loudly sounding phrases, which is so apparent in some quarters just now, must needs be gratified, the document might be called "Letters-testimonial." This, as Dr. Drysdale says, "could without impropriety be shown to those whom it might concern. . . .

It would serve all legitimate purposes, and offend no professional proprieties." The only answer I have yet heard to the statement that a certificate would answer all legitimate purposes is the very simple, but, to my mind, inconclusive one—"it wouldn't." I notice, also, that though this proposal has been freely talked about during the last month or six weeks, neither of the defenders of the L. H. diploma, as it stands, in the *British Journal of Homœopathy* (loc. cit.) refers to it. If a certificate obtained after examination is not as good evidence of a man's competency to practise homœopathy—is not as well calculated to satisfy the requirements of the public—as an L. H. diploma, I should like much to know why it is not so.

I further think, that advantage might be taken by the school to strengthen its position by affiliating to itself all who hold its certificate, creating such gentlemen members of the school, and giving them a voice in its management. By so doing, we should have the earnest support of a number of men whose attachment to the institution has been gained in a manner better calculated to render it enduring and cordial than any other. Supported by a yearly increasing number of members, who would from time to time attend its meetings, the institution would run but little risk of being injured by captious opposition, personal animosities, or individual indiscretion.

I have been told, that no one ever heard of such a designation as "Member of a School;" and that the title should, in order to carry out this plan, be changed to "College." For my part, I see no need for such a change. The word "College" is needlessly pretentious. The institution is, in every particular, a "School." Under this name it has

gained the position it occupies, by it, it is everywhere known.

But to every proposal which does away with the title L. H. it is replied, 91 medical men have applied for it; and their wishes must be respected. These gentlemen have, I apprehend, by their applications signified their approval of the *idea* conveyed by the L. H., rather than a desire for this particular title. By creating them honorary members of the school, their aspirations would, I doubt not, be fulfilled, especially if they fully understood that, by this change, a great deal of ill-feeling would be quieted, and much opposition be disposed of.

Their applications were made without the knowledge on their part of the illegal and unconstitutional way in which the movement had been initiated, and without the objectionable features of the diploma itself being laid before them.

With these facts brought under their notice, I feel tolerably sure that all, save perchance a small minority, would gladly exchange the equivocal title of Licentiate in Homœopathy, for the more legitimate and really more influential designation of Member of the London School of Homœopathy.

And, finally, though many who have strongly opposed the present proposal would take no part in that which I suggest, their opposition would be withdrawn, simply because the objections which they have raised to the L. H. would have no force at all if urged against a certificate obtained after examination.

Before concluding these remarks on the proposed diploma, I must make some comments on the reflections Dr. Drysdale makes on the school itself in his contribution to the *British Journal* symposium.

He takes advantage of the opportunity presented by the indiscreet act of the school, which I have discussed, to make a violent attack upon the institution, chiefly, as it appears, because the members of the committee have not been sufficiently credulous to waste their time or energies in applying to the various medical boards for a recognition of the lectures, as Dr. Drysdale desired should be done. Some time back, I believe, he was informed by the honorary secretary, that if he would make the requisite enquiries, and lay a practicable scheme before the council,

it would receive their most serious consideration. The answer was very characteristic,—“I can't do it, it is you men in London that must do it, I can't.” We all know that Dr. Drysdale could not do it, and are equally well assured that the men in London could not do it either!

Among other things, Dr. Drysdale affects to be very much disgusted because the L. H. diploma is only to be given to men already qualified; albeit Dr. Dudgeon, a few pages back, is equally disgusted because it is to be “a qualification to practise!” Now, I have not the slightest doubt, that had the school proposed to issue a qualification such as Dr. Drysdale pretends to think that they ought to have done, and as Dr. Dudgeon says they have done, there is no one who would have poured out such copious vials of wrath upon the school for having done so as would Dr. Drysdale, of Liverpool!

This is quite sufficient to show that the feeling against the school, on the part of Dr. Drysdale and of those who are associated with him in opposing it, is quite independent of anything that may be done by its committee, its officers or its lecturers. Whatever they do will entail upon them their maledictions.

The following extraordinary sentence I must quote in full: “Unfortunately, this act of the school managers does not stand alone, and may be looked on as the climax of a series of acts, which might be construed, and which our enemies will be certain to construe as deliberate acts of set purpose to put the stamp of sectarianism on our whole doctrine and practice, and thus widen, as far as possible, the breach between us and the profession in general, with the effect of deterring them from studying, and finally absorbing our practice into general medicine, thereby giving prolonged opportunity for any of the baser sort who may lurk in our body of ‘trading on a name.’”

What those “acts” are which constitute his “series” Dr. Drysdale does not say, but wanders off to complain once more of the school authorities not having set out in pursuit of the will o' the wisp he had endeavoured to distract their attention by pointing to! This want of appreciation of Dr. Drysdale's interest in the welfare of the school forms, I doubt not, the chief item of the “series of acts!” He positively says, that he believes that, at one time, the claim for recognition of the lectures as part of the medical curriculum had “a very fair chance of

success"!! It is needless to add, that there does not exist the slightest ground for any such utterly misplaced confidence! Continuing to harp upon the neglect by the school officers of his proposal to obtain recognition for the lectures, Dr. Drysdale writes: "One reason given for the resistance of the managers to making our claim for recognition was, that there was no chance of its being granted." "One reason" indeed—the fact that there was not the remotest chance of such recognition being accorded was the reason! Nothing would gratify the committee and lecturers more than that the lectures should be recognised as part of the curriculum of medical study—but they know full well that not even a hearing would be accorded to any such proposal, on the part of those in whose hands the power to grant or withhold recognition lies. Then he goes on to say—"Whatever chance there was" [but there was none] "it was our duty to make the application, and to neglect or refuse to do so, argues either distrust in the truth of homœopathy, or the desire to keep it as a sectarian practice apart from general medicine." I reply that the refusal of the school authorities to enter upon the Quixotic mission proposed by Dr. Drysdale argues neither a distrust of homœopathy nor a desire for sectarianism, but simply shows that they had a much clearer and juster appreciation of the situation than Dr. Drysdale appears to have had. They knew perfectly well that to apply for recognition was useless. They offered, as I have already said, to entertain any proposal for the purpose that Dr. Drysdale might obtain authority to submit to them from those in whose hands the power to recognise lies, but Dr. Drysdale declined the mission!

We all know that, as Dr. Drysdale says, "one medical convert does more for the spread of a medical truth than a thousand laymen," and, for this very reason, we have established the London School of Homœopathy to instruct these medical converts, whether they are *in statu pupillari* or in *practice*; and yet Dr. Drysdale would have us restrict our attention to the former and shut the doors upon the latter!

The managers of the school are next stated by Dr. Drysdale to "have been led away by a false analogy with the homœopathic schools of America." Had they been so, they would have established a complete medical school and have instituted a diploma qualifying for practice, after

having obtained the authority of a charter from Parliament. This they have neither done, nor attempted to do. They have sought to teach homœopathy because this is the only branch of medical science which the ordinary schools of the country refuse to teach. The title of the school indicates their object, and nothing more. Dr. Drysdale thinks that there is no harm in the American schools calling themselves homœopathic; but, that they would have been wiser to have adopted the plan of the University of Boston, and have refrained from taking the title homœopathic. Here, again, as he has often done before, Dr. Drysdale compares conditions, which, by reason of their essential difference do not admit of comparison. The medical school at Boston is an integral part of the University, and not an independent college like the Homœopathic Medical College of New York, for example. The University of Boston comprises several faculties,—law, literature, theology, music, as well as medicine. The New York College is exclusively medical, and has no connection with the University.

In concluding, Dr. Drysdale once more goes back upon his old line. "Obtain recognition," he says, "by applying in the ordinary way, and complying with the same regulations which bind every medical teacher in this country." We are sure that if Dr. Drysdale will do this, and lay before the committee of the school a definite plan by which our lectures can be recognised as a part of the ordinary curriculum of medical education, that it will meet with the fullest possible attention. But as the committee know perfectly well that no such application would be entertained, he can hardly expect them to devote their time to making it.

He believes that "the small coterie in London, who have hitherto had the whole power, do not really represent the feelings and wishes of the respectable members of our body." Who these "respectable" gentlemen are I do not know, but presume that they are those whose views coincide with the opinions of Dr. Drysdale! Is it possible to be "respectable," and at the same time differ from him? He next proposes that a clean sweep shall be made of the committee, the officers, and, I presume, the lecturers, and urges the provincial governors to attend a special meeting and apply the broom!

Here and there throughout this paper Dr. Drysdale

brings into prominence his contempt for the opinion of all persons outside the profession of medicine. He forgets, or appears to forget, that the profession exists for the public—not the public for the profession. He also fails to recollect that homœopathy is vastly more appreciated by the public than it is by the profession. He describes those who have supported our medical institutions—those without whose aid we should never have had either hospital, dispensary, or school—as “ignorant non-medical enthusiasts.” Besides being an untrue and therefore unjust description of those who have so gratefully assisted us in our efforts to diffuse a knowledge of homœopathy, such an account of our lay friends is ungenerous in the extreme. The public know the value of homœopathy because they have felt it. They have had illnesses which have been treated allopathically without avail—they have resorted to homœopathy and have recovered; and their well grounded and grateful enthusiasm has urged them to do all in their power to extend like advantages to others.

How comes it to pass that homœopathy has extended so rapidly and widely in the United States of America? It has been through the efforts of the more intelligent portion of the public, in no small degree. Dr. Drysdale may describe the profession of medicine as one “always unfavourably disposed to movements attempted to be forced upon them from without.” That may be true; but perpetual “kicking against the pricks” is impossible. There cannot, I think, be a doubt but that the remarkable change which is taking place among the allopaths in the State of New York, as shadowed forth in some papers which appear in the present number of the *Review*, is due to the influence of public opinion. In short, our American colleagues have “gone for” the public; here in England we have carefully eschewed the public, and have endeavoured to secure the profession. The result is seen in the fact that in the United States there are 6,000 homœopathic physicians, and here at home there are scarcely 300!

We may have done our duty to the profession, and have received nothing but contumely and scorn for our pains; but it is an open question whether we have fulfilled it to the public.

Whatever may be the fate of the diploma, the bearings of which I have endeavoured to set forth, that our LONDON SCHOOL OF HOMŒOPATHY should have, and is entitled to

have, our warmest support is unquestionable. It teaches the most important of the various branches of medical science in a manner which is not taught elsewhere. It is not in any sense sectarian, but is an establishment—and the only one of its kind—for giving instruction in a medical doctrine which we all know to be of supreme value to every physician. The name it bears indicates its mission in a clear and unmistakable manner. It has had a fair amount of success, in spite of much relentless opposition from many who, had they done their duty to homœopathy, would have exerted themselves to promote its interests. It is not what Dr. Drysdale says it is—the wish, it may well be feared, being father to the thought—it is not “a virtual failure.” The attendance last session was considerably in excess of that of any former session, and the interest displayed by the students was as well marked as it was gratifying.

21, Henrietta Street,
Cavendish Square, W.
April 12th, 1882.

MIND AND MATTER.—A CASE OF CONGENITAL DEFORMITY.

REPORTED BY DR. MORRISON.

MRS. C., a lady of highly impressionable temperament, the mother of four children, was confined of her fifth child on the 30th January last. When three months and a half advanced in pregnancy she consulted a dentist, who bore the impress of double hare lip and cleft palate. To this individual she took an instinctive dislike, which was intensified by the way in which the dentist elevated her upper lip and pressed upon the jaw with his thumb while extracting two stumps, preparatory to fitting some artificial teeth. But the incident did not appear to have made any permanent impression. Parturition was preceded by an illness of three weeks duration, due to angina pectoris, complicated with mental symptoms, and a severe attack of hæmorrhoids. The child was born, in the second cranial position, after a labour of eight hours duration. On inspection the infant was found to be frightfully deformed, through double hare lip and a palate completely severed. The mother was too much enfeebled to take immediate

interest, but a few hours later she insisted upon knowing whether the infant was perfect. Upon being told that he had hare lip and cleft palate, she at once exclaimed, "Gordon J." (the name of the dentist), and she soon pointed out two spots on the infant's gum, which corresponded to the position of her two extracted fangs, as well as the thumb-like appearance of the intervening piece of lip, and the resemblance of the infant's nose to that of the dentist. Knowing the latter, I could not but confirm the striking similarity.

Now mark the sequel. The child was cyanotic. Add to an enfeebled circulation a difficulty of deglutition, and the chance of surviving becomes small. I was anxious to have an operation performed early, as the lesser risk. For this purpose the infant was taken to a hospital, but the house-surgeon postponed, referring to the senior officer. Meanwhile the vital power steadily declined, from imperfect assimilation of food; the edges of the cleft palate became aphthous; and after a troubled existence of six weeks, the little sufferer finally closed his eyes upon this outer world.

St. Saviour's Road,
Brixton Rise.
March, 1882.

REVIEWS.

Hahnemann as a Medical Philosopher:—The Organon. Being the Second Hahnemannian Lecture, 1881. By Richard Hughes, L.R.C.P. Edin. London: E. Gould and Son, 1882.

In this brilliant piece of oratory, Dr. Hughes sets forth the claims of Hahnemann to be regarded as a medical philosopher of the highest rank. He finds the basis of the position he seeks to establish in the *Organon*. This great, and as yet much misunderstood and consequently much misrepresented work, Dr. Hughes examines with scrupulous care. Not content with the last edition, he begins with the first, and by noticing the alterations and additions presented in each succeeding edition, he brings before us, in a way we do not recollect having seen done previously, the gradual growth in Hahnemann's mind of the several doctrines inculcated in his *Organon*. It is, as he says, "quite impossible to form an adequate estimate either of the *Organon* or of its author without some knowledge of the changes it has undergone in successive stages." He illustrates

this point as follows :—"The hypothesis of the origin of much chronic disease in psora, which, not long ago, was authoritatively stated to be one of the fundamental principles of homœopathy, first appeared in the fourth edition in 1829. The theory of the dynamisation of medicines, i.e., the actual increase of power attained by attenuation, when accompanied by trituration or succussion, is hardly propounded until the fifth edition." While the earliest mention of the doctrine of vital force, as the source of all the phenomena of life, as the sphere in which disease begins and medicines act, occurs in the fourth. So that all that is essential to homœopathy was published twenty years before either of these doctrines, which many of our would-be critics declare to be homœopathy, had been broached at all.

Dr. Hughes avails himself of the opportunity to criticise several of the passages in Dr. Bristowe's address at Ryde, and he does so most effectively.

It forms an admirable essay to put into the hands of a medical man who is honestly inquiring into the merits of homœopathy. It will serve to wipe out from his mind many of those erroneous notions derived from a cursory reading of the *Organon*, which allopathic writers have from time to time foisted upon their readers.

Ophthalmic Therapeutics. By G. S. Norton, M.D., Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, &c., with an Introduction by Professor T. F. Allen, M.D. Second Edition. Re-written and revised, with copious additions. New York and Philadelphia: Boericke & Tafel, 1882.

This is a second edition of a work of considerable importance. Ophthalmic diseases are supposed, far too generally, to be amenable only to the surgeon's knife, while the skilful operator is frequently but too much satisfied with his manual dexterity to take the trouble to enquire whether remedial measures, in the form of drugs, may not answer all the purposes required for cure. As a physician said to us not long ago—"It is the men who cannot cut out a cataract who will endeavour to cure it with medicine; those who can, will not take the trouble to do so."

The volume before us does not ignore surgical procedures where these are, in the present state of our knowledge, absolutely essential; but it lays before us, as the result of many years of large and carefully-studied experience, indications for the use of remedies which may, very often, supersede the knife. And it cannot too frequently be stated that a recovery after a surgical operation is very different to, and a very much more imperfect affair than recovery from the use of medicines.

In publishing the first edition of this work, Dr. Norton was associated with Dr. Allen, the editor of the *Encyclopædia of Materia Medica*; on the present occasion Dr. Allen relinquishes all the responsibility of authorship, on the ground that Dr. Norton has himself performed all the labour of revision.

It is divided into two parts. The first detailing the indications of 188 medicines for use in diseases of the eye, as drawn from the provings, and—what is of infinite importance—as confirmed by clinical results obtained at the New York Ophthalmic Hospital; results, too, which are frequently used to illustrate the text.

The second part notices briefly each disease to which the eye is liable, points out the various medicines which are useful in each, and the indications guiding their selection.

We would earnestly advise all our colleagues, and more especially those who are interested in ophthalmic surgery, to procure this book, and, having done so, carefully to study it; and, above all things, never to resort to, or to recommend an operation without having, first of all, tested the value of its injunctions.

There is something so fascinating about operative surgery, and the skill displayed by the surgeon is so attractive, that the temptation to perform an operation, and at the same time to avoid the trouble of a careful selection of a medicinal remedy, is often too strong for some, and especially for young men. But it must ever be remembered that surgery does but make good, in a more or less imperfect manner, the defects of medicine, and that, after all, he is the most skilful and the most useful, if not the most popular surgeon, who avoids the use of the knife, as far as the resources of medicine will allow him to do.

Here, then, is a work, based upon a long and carefully recorded experience, which will materially enable the ophthalmic surgeon to cure disease of the most important and delicate of organs with a *minimum* employment of the knife. As such we commend it to the careful study of our colleagues.

MEETINGS.

PRESENTATION OF A TESTIMONIAL TO THE RIGHT HONOURABLE LORD EBURY.

We are indebted to Mr. Alan E. Chambré for the following full report of this very interesting meeting, to which we briefly referred in our last number:—

On Saturday, the 25th March, the Committee, at the invitation of Major Wm. Vaughan Morgan, met at the Junior Athenæum Club, and proceeded thence to the town residence of Lord Ebury to present the testimonial. Major Wm. Vaughan Morgan, who

made the presentation, was accompanied by Dr. Hamilton, Dr. Dudgeon, Dr. Yeldham, Mr. Hugh Cameron, Dr. Dyce Brown, Mr. Alan E. Chambrè, and Mr. Alfred R. Pite. They were received by Lord and Lady Ebury, with whom were the Hon. Miss Grosvenor, the Hon. Albertina Grosvenor, the Hon. Mr. and Mrs. Norman Grosvenor, and the Hon. Richard Grosvenor.

After the necessary introductions, the portrait of Lord Ebury was uncovered. The likeness is in every respect admirable, while the artist—Mr. Cyrus Johnson—is unquestionably to be congratulated on the qualities of the picture as a work of art.

Major Vaughan Morgan, in formally presenting the portrait, and addressing Lady Ebury, said he did so on behalf of a large number of subscribers, of the nobility, the medical profession, and the laity, who desired to present that portrait of the noble lord, which he hoped would be considered excellent, as a mark of their appreciation of the signal services rendered by his lordship to the cause of medical science. He could have wished that some other person had been selected to perform that grateful duty, but the Earl of Denbigh was not able to be present, and the Earl of Dunmore was away from London, both noblemen being members of the Committee which had been formed to organise this general testimony to the honour in which Lord Ebury was held, but there were present Dr. Hamilton, and Mr. Cameron, and Dr. Dudgeon and others, especially Dr. Yeldham, to whose happy inspiration the movement was originally due, and these gentlemen could have more worthily fulfilled the pleasant duty before them than himself. But they had delegated it to him, and while he must yield to them in point of ability, he would yield to no one in his zeal for homœopathy, and his appreciation of the services rendered to that cause by the noble lord. (Hear, hear.) He need hardly remind her ladyship that his lordship had done great services to homœopathy, as Lord Grosvenor, in obtaining a special return to Parliament of the marked success of the homœopathic treatment of cholera during the prevalence of that malady in 1854. So soon as it was discovered that, although such a return had been made by the authorities of the London Homœopathic Hospital, in accordance with the request of the Board of Health, that important document had been suppressed by the Medical Council specially appointed, and kept out of the other returns duly made to Parliament, his lordship took immediate steps to have the omission rectified. The result of his lordship's energetic action was an order by the House of Commons for a special paper, embodying that return, together with the correspondence which had taken place between the authorities of the hospital and the Medical Council in consequence of the suppression.

But an even greater service than that was rendered by Lord Ebury, not only to homœopathy, but to medical progress generally, when the Act of 1858 "to Regulate the Qualifications of Practitioners in Medicine and Surgery" was in process of becoming law. It was an Act to ensure a most desirable thing, the regular qualification of every person practising medicine or surgery. Now, it had happened that instances were well known in which medical students had been refused certificates and diplomas in consequence of their known belief in the doctrines of Hahnemann, in one case the student being commanded even to return a diploma granted after his successfully passing the prescribed examination. Against this persecution the new Act afforded no protection, which indeed it might be construed to favour rather than otherwise. This was brought to the knowledge of Lord Ebury, and on the third reading in the House of Lords, his lordship succeeded in securing the insertion of a clause prohibiting the examining bodies from prescribing tests as to medical theories, and from refusing diplomas in consequence of medical beliefs. Without this signal service to the cause of medical freedom, candidates for degrees who believed in the doctrines of Hahnemann might have found it quite impossible to become legally qualified practitioners. This clause had been aptly described as "the charter of the rights of homœopathy." (Hear, hear.) The speaker said he would not take up time much further, but as treasurer of the London Homœopathic Hospital he must render a tribute to the devotion and energy of his lordship in the interests of that Institution. The English Homœopathic Association, the Hahnemann Hospital, the London Homœopathic Hospital, and the London School of Homœopathy were all of them institutions which had derived the greatest advantage from the countenance and support of Lord Ebury. (Applause.) And in the service of these—especially of the existing hospital, too much could not be said for his lordship's urbanity, *savoir faire* and loyalty. He said loyalty, because that, in his opinion, was one of his lordship's greatest characteristics (hear, hear), and because there had been some little unpleasantnesses, which, on account of old friendships, had placed his lordship in a difficult situation, but in which his loyalty to his colleagues on the Board of Management was never for a moment shaken. Major Morgan said that he would not detain the attention of her ladyship on other matters, but Lord Ebury had rendered marked services in other causes than homœopathy. They were Englishmen as well as homœopaths. He might say they were Englishmen first and homœopaths afterwards. Lord Ebury had done good work for his country, and was indeed one of those men who not only would leave the world better than they found it, but could

fairly claim to have taken an active part in making it so. He would only say in conclusion that the idea of presenting this testimonial had first originated on the occasion of the eightieth birthday of his lordship, but they all hoped he would be spared to them for many years yet. (Hear, hear.) At all events their hope was that when many years had past, this portrait would remain, so that their children and their children's children, who would know what he was in character and spirit, might also learn what he was like in the flesh, and how he had influenced those who only knew him in his public capacity, and had learned to admire his great qualities. Major Morgan then handed to her ladyship a book containing a list of the names of the ladies and gentlemen who had subscribed to the testimonial, remarking that it would be found rather long, because it had been felt that it would be more pleasing to her ladyship and Lord Ebury that the presentation should be the result of a general expression, rather than limiting it to a few friends, indeed, if he might be allowed to use the expression, rather a large collection of Homœopathic sums, than a small one of Allopathic amounts. It only remained for him to ask her ladyship's acceptance of the portrait, and the accompanying list.

The book containing the list of subscribers to the testimonial was adorned by a medallion in gilt, bearing the head of Hahnemann encircled by the inscription of the homœopathic formula, *Similia Similibus Curantur*.

Lord Ebury in acknowledging the presentation on behalf of Lady Ebury said :—I am quite conscious of my own unworthiness of so valuable an expression of regard as Lady Ebury has received, and I feel almost at a loss for words in view of such a catalogue of virtues as that which my honourable and gallant friend has ascribed to me. I wish I could adequately describe to you the gratification I experience from your presence here to-day, or the sense which I entertain of the kindness which has prompted you, and all those whom you represent to adopt this most flattering mode of showing your estimation of the humble services which I have endeavoured to render to the cause of freedom in the pursuit of medical science. (I may, I think, without being accused of exaggeration, say that it is the most important of all sciences, because it deals with the comfort and happiness of the entire human race.) I labour, however, under a difficulty, which besets all those who are situated as I am at this moment, because I am compelled to talk about myself—a very tempting but dangerous subject; but gentlemen, it is entirely your own fault, and if, as is very likely, I should in what I have to say become tedious, all that is left me is to advise you to have that which you are so fond of recommending to your clients who don't get well as quickly as you desire—I mean

patience. I might, indeed, were I so disposed, content myself with offering you, as I do, my most sincere and cordial acknowledgments for the honour that you are conferring upon me, and saying no more, but I cannot help thinking that, considering that I am the oldest person now living who recollects the advent of the doctrines of the great German philosopher to our shores, and all the circumstances connected with it, you may feel interested in knowing how it was that I became so early acquainted with them, and as it were to take an active interest in the movement. I owe it to two individuals—one my brother, the Earl of Wilton, the president of our hospital, who has recently passed away from amongst us. He was a man of an inquiring turn of mind, of a calm and impartial temperament, and as he was, as probably you gentlemen know already, acquainted with one branch of the healing art, was well qualified to form a correct and unbiassed judgment in regard to a question of this sort. I think it was Dr. Cane who first brought it to his notice. The other was a medical man whose name will never be pronounced by any of us without a feeling of regard and attachment—I made his acquaintance so long ago as 1822, when he was travelling, in the suite of King Leopold, with Dr. Beloumini. I soon learned to appreciate his excellent qualities, and a friendship was the result which lasted through the whole of his long and distinguished career. He was the apostle, my brother one of the earliest converts; and when we came to talk over the subject and study it in all its bearings, I felt convinced of its superiority over any of the so-called systems of the day. The best proof that I could give of my gratitude to the inventor of this new mode of succouring human nature was to devote my energies to spread the knowledge of it as far and wide as possible, and above all to get a hospital erected where the poorer classes might share the blessings I considered it capable of conferring, and also to be the means of improving, and as far as might be, perfecting a system so auspiciously inaugurated. I had every reason to be grateful for the knowledge I had obtained; for whilst under the influence of the pink draught, the blue, the grey, the unmentionable black, and the prescription composed of articles almost as numerous, though not quite so tempting as the bill of fare of a Lord Mayor's feast, I was, at the age of thirty-seven led to consider myself about to become a confirmed invalid. Forty-four years have since passed, and here I am, gentlemen, addressing you, and enjoying as good health as most persons who have arrived at so mature an age. Now, I do not wish it to be taken for more than it is worth, and I am not so foolish as to suppose that *similia similibus* is always right and *contraria contrariis* always wrong, or that there is perfection anywhere, but I think the fact may be noteworthy, that having a large family, and of

course having had to deal with a considerable amount of those ills to which human flesh is heir, we have never, during the period of more than forty years, been compelled to go elsewhere for assistance. I will now cease to talk about myself, but I cannot, on such an occasion as this, avoid adverting for a moment to the very remarkable founder of this very remarkable system. Will it be believed—I fear it must be—that the medical practitioners of his own country, upon whom Hahnemann's system dawned, instead of welcoming any apparent discovery which came from so very distinguished and learned a source, and trying to understand and prove it, at once combined to malign its author, to misrepresent its theory and practice, and to try to strangle it in its birth, and he was personally treated with great indignity. Now just think of what the state of medical skill at that period was, as described in their own publications, it was one continued complaint, almost of despair, at its destructive divisions and want of success. I cannot, perhaps, better illustrate it than by telling you what happened to the Earl of Lauderdale of that day, somewhere about the time of the French Revolution, January, 1790. He was travelling in the Low Countries, and was taken ill—I think, at Antwerp—and sent for the doctor, who came, shook his head, and requested to be allowed to call in an assistant; this was done, and his symptoms having been duly ascertained, his lordship overheard the result of the consultation expressed in Latin, in the following words:—“*Saniamus illum usque ad deliquium vitæ quia juvenis ac fortis ac peregrinus est, ergo experimentum faciemus.*” Fortunately, his lordship knew Latin as well as his doctors, and so instead of the promising experiment they so kindly proposed, they were shown the door with all convenient speed, and recommended not to be found again near the house. That may appear to some of our present generation a somewhat exaggerated view of the practice of those days, but it has always been considered as a true story, and many equally strange could be adduced from contemporary memoirs. Well would it indeed have been for the honour of professional human nature had this discreditable treatment of the illustrious Hahnemann been confined to its first appearance, but it has gone on ever since, and sad to relate, it assumed its most unprofessional form in our own country. I will not dwell upon this painful subject, which is patent to all the world, except to notice the extraordinary virulence which it assumed. Bayle's dictionary must be searched by any one who desires to acquaint himself with the contumelious epithets which were hurled at the heads of the unfortunate individuals who presumed to favour or practise the new doctrines; and even some of us laymen did not altogether escape unscathed in the pitiless storm. That has apparently spent itself, and fortunately hard words brake no

bones, and its last mutterings consisted simply in an apparently somewhat contemptuous assertion that we took a tradesman's view of medicine. I am not, however, certain that it may not have been meant for a compliment; a tradesman to succeed must be a good man of business, and why not a physician? But we all recollect a description of the genuine orthodox practitioner by one of our own poets, at a time too, when there were no grovelling Hahnemanns, which shows that some people did think they took something resembling a tradesman's view of medicine, for he says :—

“ Is there no hope ? ” the sick man said,
The silent doctor shook his head,
And left the house in deepest sorrow,

(of course on account of the sufferings of his patient, but also—)
Despairing of his fee to-morrow.”

I have, however, a much graver charge to make against these gentlemen of tradesmanism in its bad sense. What do trades unions do? Why, they endeavour by intimidation to gain that which they are unable to obtain by fair argument, and I fear it will have to be said that these learned persons had recourse to social and professional ostracism; to stifle, and that they did succeed effectually in impeding, the study and practice of a medical system which, whatever may be said of it, has been acknowledged as a blessing by hundreds of thousands of persons in every part of the civilised world, I have now, gentlemen, nearly finished; but before I sit down I should like to remark that in selecting this mode of doing honour to my unworthy self, you have conferred an honour much better deserved upon another person, and that is the lady who sits beside me, Lady Ebury. The portrait that is looking at us there is not for me, but for her, and well has she deserved it. Compliments between husband and wife are not always credited, but it is well that you should know how large a meed of praise is due to her in this matter. She has inherited from her illustrious uncle much of that tenacity of purpose in every enterprise worthy of the effort; accordingly, no sooner had she been convinced that Hahnemann's doctrines were worthy of examination than she set to work to study every document that could throw light upon the subject with such vigour and success, that she has been able, personally, to extend the advantages of this treatment to hundreds of poor people who could not have obtained access to professional treatment; and it was lucky for you medical gentlemen that she did not come to London, take out a diploma, and set up in practice (much laughter). Gentlemen, you could not have selected a day more appropriate for this ceremony, for it is the 25th of March, in other words, Lady Day. It now only remains for me again

to offer to you, gentlemen, and all those whom you represent, my most grateful acknowledgments for the honour you have conferred upon me. This is probably the last public occasion in which I shall appear *admonet vesper*; and the possession of this work of art will be a constant source of gratification to me, as proving that, small as my services have been in the cause of freedom in the pursuit and practice of medical science, they were still thought by those most able to judge, not unworthy of so valued a recognition.

We regret that the pressure upon our space does not allow of our publishing this month the names of those who contributed to the testimonial fund.

The portrait of his lordship will be on exhibition at the Royal Academy.

THE LONDON SCHOOL OF HOMŒOPATHY.

A Special General Meeting of the Governors of the London School of Homœopathy was held on Thursday, 20th April, 1882, at the lecture room of the London Homœopathic Hospital. Major Vaughan-Morgan presided, and was supported by Dr. Hughes, Dr. Pope, Dr. Matheson, Dr. H. Wheeler, Dr. Tuckey, Mr. Rosher, Mr. Pite, Dr. Clifton, Dr. Blackley, Dr. Smart, Dr. Croucher, Mr. Francis, Dr. Morgan, Dr. Dyce Brown, Mr. Butcher, Dr. Buck, Dr. B. Moir, Dr. Anderson, Dr. Clarke, Dr. Epps, Mr. H. Harris, Dr. Goldsboro, Dr. Morrisson, Dr. Shuldham, Mr. Wyburn, and others.

After the usual notices had been read, the chairman directed the secretary, Capt. MAYCOCK, to read the minutes of the last meeting.

Dr. HUGHES asked whether, as this was an extraordinary meeting, it was competent to it to confirm the minutes of last meeting.

Dr. POPE had thought that it would not be necessary to read those minutes, but, as he understood the matter, the laws passed at the meeting of 15th December last, would be inoperative until they were confirmed.

Dr. HUGHES thought the minutes of a general meeting did not require confirmation.

The CHAIRMAN ruling that this view was correct, no minutes were read.

The CHAIRMAN: The first business then is to receive the resignation of the honorary secretary, Dr. Bayes. The following letter from Dr. Bayes was read:—

“ 88, Lansdowne Place,

“ Brighton, 19th April, 1882.

“ *To the President of the London School of Homœopathy.*

“ My Lord,—It is with great regret that I feel compelled, from the state of my health and my consequent absence from

London, to ask your lordship, and the committee and council of the School, to accept my resignation of the post of honorary secretary to the School.

"I have to tender my sincere thanks to your lordship, and to the committee, council, and officers of the School, for many courtesies, and for most valuable and cordial support, ever granted to me in the performance of my duties, during the past five or six years, by which my duties have been greatly lightened.

"Believe me, my lord and gentlemen, most sincerely and gratefully,

Your ever faithful

" WILLIAM BAYES.

" To the Lord Ebury, &c., &c."

Dr. MATHESON said that he thought he should only be expressing the general feeling of the meeting by proposing the following resolution :—

"That in accepting Dr. Bayes' resignation of the office of honorary secretary of the London School of Homœopathy, the governors desire to express their deep sense of the obligations under which the retiring secretary has laid all who are interested in the development of homœopathy during the course of his distinguished literary and professional career; that the cordial thanks of the meeting be accorded to him for his invaluable services in founding and sustaining this institution, and for the unvarying and self-sacrificing devotion with which he has watched over its interests during the six years of its existence, to which is mainly due the state of efficiency in which he leaves it on retiring."

Dr. DYCE BROWN : I beg to second that.

The resolution was then put by the CHAIRMAN, and carried with applause.

Dr. POPE said that he had great pleasure in proposing that Dr. Bayes be appointed vice-president. It was entirely due to the exertions of Dr. Bayes, and the support that he had given to the School, that the work they had done, and the progress they had made, had been accomplished. Dr. Bayes had been untiring in his endeavours to sustain the public interest in homœopathy, and to develop the School, and he (Dr. Pope) thought that they could in no more fitting manner acknowledge their obligations, and express the sentiments of esteem which they entertained for him, than by asking him to become vice-president of the institution of which he was practically the parent.

Dr. HUGHES seconded the proposition, which was put from the chair, and carried unanimously.

The CHAIRMAN : The office of honorary secretary being vacant, it is for you now to propose somebody to fill it.

Dr. SMART said he rose to propose Dr. Pope as successor to Dr. Bayes, and he felt that no recommendation from him was needed in support of the proposition, as Dr. Pope was well known as a warm supporter of homoeopathy.

Dr. CROUCHER said that he had great pleasure in seconding that, as he was sure they would all agree that no one could be found better qualified than Dr. Pope for the office in question.

Dr. HUGHES said that as his name had been mentioned in connection with this office, he desired to explain that he had offered his services solely because he had understood from Dr. Bayes that he could find no one who was in a position to take it. When, however, he heard that Dr. Pope was willing to take it, he at once withdrew his candidature, and he hoped Dr. Pope would understand that he was in no way a rival in having any pretensions to the office, and he thought that no one could fulfil the duties of the office better than Dr. Pope could.

The CHAIRMAN, after the very handsome manner in which Dr. Hughes had expressed himself, had great pleasure in supporting the candidature of Dr. Pope. He then put Dr. Smart's proposition that Dr. Pope be appointed secretary *vice* Dr. Bayes, resigned, and it was carried unanimously.

Dr. POPE said that he was very much obliged to the governors and subscribers for the compliment they had paid him in appointing him their honorary secretary in succession to Dr. Bayes. It was no easy task to follow such a man as Dr. Bayes, but there was one satisfaction about the matter, which was that Dr. Bayes left the business of the School in such a complete state, that there was little more to do than to keep the existing machinery in operation, and he should endeavour, to the best of his ability to do that, to the end that the School might not only flourish, but increasingly flourish. The last session was by very far the best that they had had, and he trusted that in the next they would do better still. All that was wanted was the support of their medical colleagues throughout the country: if they were well supported in that way he had no doubt that they would have a very considerable class at the School.

Dr. C. L. TUCKEY stated that as Dr. Bayes had been very much pressed with the work that he had had to do, he (Dr. Tuckey) had for some time past assisted him in the duties of his office as honorary secretary, and that when he heard that Dr. Bayes was about to resign he had found it incumbent upon him to tender his resignation also. He had since enquired whether an assistant secretary was needed, and that finding that he could be useful he should have much pleasure in withdrawing his resignation.

The CHAIRMAN said that he was sure that the governors would be very pleased still to have the services of Dr. Tuckey in the capacity of assistant secretary, and Dr. Tuckey's appointment to that office was agreed to.

Dr. DYCE BROWN said that he thought that they should now take that other step that was contemplated in the notice for this meeting, and he therefore proposed that the new secretary should be called the Dean. All medical schools had their Dean; it would give more importance to their School to have one. It might appear a small point to some people, but he did not think it was a small point in reality, and he therefore proposed that Dr. Pope should have the title of Dean.

The CHAIRMAN: Will anybody second that?

Dr. POPE said he thought that it would be well to defer the consideration of this matter for a time. They had recently had an accession of a good many new governors, who, however, would not be entitled to vote until a period of six months from their admission had been completed; there had been considerable discussion about this new title, which was one of some pretentiousness; and he thought that it would be well if the new governors were allowed an opportunity of voting upon the question. There was to be a meeting in October, and if this and other small matters could stand over until then he thought it would be as well.

The amendment was seconded by Dr. WHEELER, and on being put to the meeting, was carried.

Dr. HUGHES said that he had undertaken, as the original proposer of the motion, to propose an adjournment of action in the matter of the L. H. diploma. He needed not to remind them of what had taken place in reference to it. There had been a good deal written about it, and the result was that two objections to further action stood out rather prominently. It was desirable that if such a diploma were instituted it should be the action of the School as a body. At the meeting at which it was put forward there were only seven present, but as a matter of fact there were many friends of the School, who were not governors, who would soon be governors, and as these gentlemen who had come forward so recently had no vote for six months, the promoters of the motion had wished that the matter should be postponed for six months. That was the first reason. The second was, perhaps, more important. A strong feeling that had been expressed against the diploma, was that it was illegal, or rather that it was extra legal. He (the speaker) did not value that objection himself, but he respected the feeling in the minds of others. The members of the Liverpool society did not approve of its being instituted until legal sanction had been obtained. They say that it is necessary to get a charter to make it legal.

He thought, therefore, that it would be best for them to wait until that difficulty which had been raised had been swept out of the way ; then the thing could be discussed upon its own merits. The resolution he proposed was—"That the London School of Homœopathy think it desirable to suspend further action in the matter of the Licentiatehip in Homœopathy for six months ; during which time inquiry shall be made as to the possibility of obtaining a Royal Charter for the School, and legal sanction for its diploma. That a committee of five governors be appointed to make such inquiries, and to report to a general meeting, to be called after the 20th October." Dr. Hughes added that he had purposely drawn this motion in an altogether colourless manner ; it did not commit them to wish for anything, but only that during the six months inquiry should be made, and that the committee should report to the meeting in October. He hoped that this would meet the approval of those present, and that they would leave it for future consideration.

Dr. BLACKLEY said, that as the original seconder of the motion, he had much pleasure in seconding the proposed postponement of consideration of this matter. That would give them time to mature their opinions on the subject. There had been a good many expressions of opinion about it in the journals and elsewhere. He did not think that the question of legality was a very serious objection, because even if they did not get a Royal Charter, there were a very large number of homœopaths in favour of giving a certificate—a licentiatehip, if they liked. There was one objection which he had no doubt he would have an opportunity of bringing forward in October, which to his mind, was the greatest of all. He had taken the trouble to obtain an expression of opinion from the younger men, who were the men for whom the licentiatehip was especially designed. He did not take it for one moment that the licentiatehip was meant to be conferred as an honorary diploma upon men who had been in practice for twenty years ; if it was to be of any use at all, it must be used by the younger men. On making his enquiries, he was surprised to find that many of those men who had gone through the curriculum of the School did not desire it ; there were only two who would have anything to say to the diploma at any price ; and he did not think that any of the promoters of the licentiatehip would think of carrying it on in the face of such an objection as that. If such an objection obtained among the whole of these younger men, he supposed no one would propose to go on with it. None of them objected to undergo a thorough examination at the end of a term, but none of them would accept a title of L.H. This, however, was all by the way, and would, no doubt, come before the meeting which was to take place in October, and in the interval these gentlemen might

see reason to change their opinion, and also there would, no doubt, be a large accession to those attending the School of Homœopathy, and from them they would, no doubt, get an expression of opinion. He had, therefore, to second the proposal to postpone the consideration of this matter till October—till after the 20th October.

Dr. MORGAN suggested that in order the better to obtain an expression of opinion from members, one-third of whom probably were in the provinces, a means should be adopted by which they should be enabled to express their opinions by means of proxies.

Dr. SMART said that it seemed to him that titles of any kind were altogether premature. He did not think that they were sufficiently advanced for such a step as that proposed, but that they should first obtain a more general recognition in the eyes of the world. He would rather that the matter were altogether deferred.

The CHAIRMAN: May I take it, instead of being postponed, that the proposal should be annulled for the time being?

Dr. SMART: I would propose that it should be altogether deferred.

Dr. WHEELER: I have great sympathy with what Dr. Smart says, but we have had several accessions lately, and I think it would be improper to interfere with Dr. Hughes' proposal. I do not think myself that it can militate against Dr. Smart's views to carry Dr. Hughes' motion now.

After some further remarks, the CHAIRMAN put Dr. Hughes' motion, which was carried.

Dr. HUGHES then proposed that Dr. Bayes, Dr. Pope, Mr. Pite, Dr. Blackley, and himself should be constituted the committee of enquiry.

Mr. PITE said he thought he might make one or two suggestions, as he had had some experience in the matter of charters. He was sure that any committee would have to appoint a solicitor's firm to act for them in the matter. There was the Board of Trade had to be applied to, and numerous particulars had to be furnished as to rights and property and the privileges sought to be obtained—a kind of work that only a solicitor could manage. He was quite sure that any committee would only be a committee of observation.

Dr. POPE: Perhaps Mr. Pite can tell us something about the expense.

Mr. PITE said that the least expense was about fifty guineas. In the matter in which he had been interested, it had been put at twenty-five guineas at first, but they had been drawn on to fifty. After they had reached that amount, circumstances made them desire to withdraw from it. There was a great deal of

positive work and a great deal of responsibility and inquiry, and statistics had to be framed in a very careful manner.

After some further discussion, the resolution was agreed to, with the addition that the committee do not spend more than ten guineas in making their enquiries.

It was next proposed by Dr. MORGAN, seconded by Dr. WHEELER, and carried, "That the committee send their report to the governors before the meeting, and that governors unable to attend the meeting may vote by proxy."

The hon. secretary, Dr. POPE, then read a letter which had been received from Dr. Drysdale in reply to one asking him to accept the office of Hahnemann Lecturer, in which Dr. Drysdale declined the offer on the ground that his engagements entirely precluded his undertaking it.

Dr. POPE suggested that a committee should be appointed to select a lecturer for the coming year.

The CHAIRMAN suggested that the committee already appointed for another purpose should act in this matter also.

This was proposed by Dr. POPE, seconded by Dr. TUCKER, and carried.

The CHAIRMAN.—We have now to propose for election as Medical Governors, the following gentlemen:—

Dr. Ussher, Dr. Clarke, Dr. Anderson, Dr. Byres Moir, Dr. C. C. Tuckey, Dr. Goldsbrough, Dr. E. T. Blake, and Dr. Jagielski, and Mr. Thorold Wood.

The proposal having been seconded, was put to the meeting, and carried unanimously.

A vote of thanks to the Chairman terminated the proceedings.

NOTABILIA.

AMATEUR THEATRICAL PERFORMANCE IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL.

(Communicated).

It is our pleasing duty to record a highly successful dramatic entertainment on behalf of the funds of the hospital, which took place at St. George's Hall on the 18th April. This was not the usual annual performance by our old friends the "Thalians," as, from a variety of reasons, it had been decided not to organise theatricals this year; but it was the outcome of a generous resolve of some friends of Dr. Kennedy to hand over to the London Homœopathic Hospital the net proceeds of a theatrical performance, which those friends had made arrangements should come off on the date above named.

Having said so much by way of explanation, let us at once repeat that the efforts of the ladies and gentlemen, who thus so generously gave their services on behalf of the hospital, were crowned with complete success, as testified by the frequent and hearty applause of a brilliant and numerous audience. The pieces selected were the well-known farce by Mr. Williams, "Turn Him Out," and that charming comedy by Mr. Gilbert, "On Guard," so full of sparkling repartee and excellent "situations." The latter was, late in the day, substituted for "The Lancers," in consequence of the author and part-proprietor of the latter play having positively declined to grant permission, on any terms, to Mr. Whitehurst (stage manager and director for the nonce) to produce it. It is due to the actors that this should be known, as they are entitled to so much the more credit for their readiness to take up another piece at short notice, with but few opportunities left for rehearsal. Indeed, an apology on this score was made from the stage; but seeing how excellently well the actors *se sont tirés d'affaire*, no apology was needed.

Space fails us to describe the plot of the pieces performed, but probably, to the majority of our readers, that would be unnecessary. Suffice it that the farce was performed with plenty of spirit and "go," and the "make up" and acting of the chief character, Nicodemus Nobbs, by Mr. Whitehurst, was perfect. The next best acted character was, to our thinking, Susan (the maid-of-all-work), by Mrs. C. A. Becker, who identified herself well with the character, and this must have been difficult for the fair performer. Those who had laughed at Mr. Whitehurst in the farce, were so little prepared to see that gentleman in the part of Denis Grant in "On Guard," that we heard strong doubts expressed as to the correctness of the programme. (By the way, how tasteful the programmes were, printed, as usual at the performances for the hospital, in Old English style). In effect the change was wonderful, and we must at once heartily congratulate Mr. Whitehurst on the excellence of his assumption of the character—a very noble one to have to fill, and which secured the unanimous and enthusiastic suffrages of the ladies! That last word reminds us that we should have spoken first of the ladies. Two charming ladies filled the characters of Jessie Blake and Mrs. FitzOsborne, and—must we be hyper-critical—the only fault we have to find is, that incidental to so many amateurs, a tendency not to raise the voice sufficiently, and occasionally to turn too much away from the audience. They spoke their parts with a due appreciation of the sparkling things they had to say, and their dresses—ah! now we are treading on ground beyond our legitimate province—but, in a word, the dresses were worthy of those who wore them. We feel that we

may give a mead of almost unqualified praise to the gentlemen who filled the other characters, and, if we must distinguish one above another, perhaps Mr. Waller Lewis as Guy Warrington, and Mr. W. H. Chandler as Grouse, most took our fancy; but Dr. Kennedy—who had an ungrateful, because unpopular, part to fill—did excellently well, and is entitled to the praise of knowing his part thoroughly.

The chief characters were called before the curtain at the conclusion of the second act.

A very excellent amateur orchestra, consisting of twenty-five performers, led by Mr. Norfolk Megone, discoursed sweet music at frequent intervals during the evening.

We are not yet informed what are the pecuniary results of the performance; but certain we are that, whatever falling off there may be in this respect over previous entertainments of the kind for the hospital, will be due to no want of exertions on the part of all concerned, but to causes beyond their control, such as the absence from town for the Easter recess of a number of kind friends and supporters who usually attend, and the modesty of the promoters, who fixed the prices of the tickets at a decidedly low rate, and, moreover, the somewhat short notice of the performance, which, under the circumstances, was unavoidable.

We feel sure that we express the feelings of the hospital authorities in heartily thanking the ladies and gentlemen who so generously exerted themselves on this occasion to ensure a successful entertainment, and in hoping that we may again meet with them under similar circumstances on a future occasion.

LONDON SCHOOL OF HOMŒOPATHY.

SUMMER SESSION, 1882.

DR. HUGHES will give a Course of Lectures on "The Principles of Homœopathy," commencing Thursday, May 4th, at 4 p.m., and continuing every subsequent Thursday at the same hour during the months of May, June, and July.

DR. DYCE BROWN will commence the Summer Course of Lectures on "The Principles and Practice of Medicine," on Tuesday, May 2, at 5 o'clock, p.m. Subject:—"Diseases of the Digestive Organs and of the Spinal Cord."

DR. J. GALLEY BLACKLEY will commence his course of "Clinical Lectures" on Monday, May 8th, at 10 a.m.

BRITISH HOMŒOPATHIC SOCIETY.

THE eighth Ordinary Meeting of the present Session will be held on Thursday, May 4th, 1882, at seven o'clock. A paper will be read by Dr. ROTH, of London, on "The Treatment of Various Uterine Complaints by Movements."

NEW PREPARATIONS.

ERTLI'S SWISS MILK FOOD FOR INFANTS.

WE have much pleasure in noticing this new infants' food, which contrasts admirably with many of the starchy foods which are so much in use. It is, from its composition, well suited for the proper nourishment of infants who cannot be nursed by their mothers.

The following is the analysis of it:—

Moisture	...	...	...	...	5.40 per cent.
Fat	...	...	...	...	4.80 „
Soluble Carbohydrates (containing Dextrine and Sugar)	...	...	...	...	48.70 „
Insoluble Carbohydrates (containing farinaceous matter perfectly soluble in pancreatine solution)	...	...	...	...	26.80 „
Albumenoids	...	...	...	...	12.52 „
Ash (containing Phosphoric Acid)	...	...	...	...	1.78 „

We have thus all the elements necessary for the formation of bone and muscle, and presented in a state which is most easily digested.

We have used it with success in cases of infants who were reduced to semi-starvation with improper food, and it is much liked by babies. We have also used it with much benefit for adults whose digestion is extremely delicate. Thus, not only theoretically, but from experience, we can highly recommend this food.

It is imported by Messrs. R. Lehmann and Co., 106, Fenchurch Street.

The same firm have introduced an *unsweetened* Swiss milk. This was a great desideratum, the ordinary Swiss milk being too sweet for many palates. Lehmann's unsweetened milk is an excellent preparation, and forms an admirable substitute for cow's milk.

CORRESPONDENCE.

HOMŒOPATHY, "HOMŒOPATHY" AND SCIENTIFIC PHYSICIANS.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—It has frequently been urged in this journal that homœopaths and homœopathic institutions must hold a "distinctive position" so long as the principles of "homœopathy" remain untaught in the schools, and their discussion disallowed in the medical societies and journals. This is a perfectly reasonable proposition. Convinced of certain truths, and believing that an extended knowledge of these truths is for the common good, you take the only means left open by which you may make known your convictions.

Those who support a new truth, one that is opposed to a traditional belief, are of necessity "unorthodox," and as a body they form "a sect." It is useless to quarrel with the term, the relation cannot be altered. You may leave the party undistinguished by a name, you may neglect to give it prominence by special journals and institutions, you may break down every link which connects the members of that sect together, but still the sect remains. To say to the members of that party "hold your views if you will, but give up your sectarian position," is ridiculous, because the views create the sect, and those who hold them could not be unsectarian if they would. Sectarianism is an unpreventable product of mental activity, only to be eliminated by an universal orthodoxy. But it is perfectly possible for a sect to exist without representing any distinctive principles; it may be merely a party in opposition, having no programme of its own. Such a body may claim to hold an honourable position in many departments of thought, but in the science of medicine, it would, by disturbing public confidence in those who, of all men, undertake the gravest responsibilities, do so much injury that censure would very properly fall upon it.

I have no intention of implying that "homœopathy" holds such a position, but I would call the attention of those who dispute the medical system of the day to the necessity of taking a course which shall clearly distinguish their efforts from mere opposition, so that by no possibility they can be construed into a desire to weaken public confidence in the medical profession, in order that personal advantages may be secured. It is necessary that they should not only distinctly point out where they differ from that system, and the methods they would have adopted instead, but it is also of the highest importance that they should state the extent to which their views accord. It is held by the medical profession that the principles of homœopathy are set forth in the 294 propositions to be found in the *Organon of Homœopathic Medicine*, by Samuel Hahnemann. If this be true, you hold a very "distinctive" position, and one not wholly enviable. In these days of more exact knowledge, many of Hahnemann's speculations appear in a very foolish light, and it is only necessary for an opponent to recall some of these when he wishes to prove that "homœopathy" is unworthy of scientific consideration. Homœopaths are inclined to complain of the injustice of this, but I think unreasonably, for do the laws of chivalry forbid the combatant to seek the weak point in his adversary's armour? It is obviously the homœopathist's duty to close the opening, but the majority are content to parry the attack by stating that individually they do not believe these things. Then follows the very natural answer from their opponents, "You have no right to the title of homœopath," and

this is loudly echoed by a minority who claim to be, and with some truth, the "only homœopaths." But while you are engaged in defending your position in this external and intestine warfare, you lead the attack in another direction. You find a practitioner treating his cases in a manner almost identical with your own. You charge this man with "homœopathy," and hold him in scorn and contempt because he refuses to connect himself with the homœopathic body. Your argument is, that he believes in one of the principles promulgated by the founder of homœopathy, and put into practice by homœopaths, and that he is therefore morally obliged to call himself a homœopath. If this argument stated a general truth it should be transferrable, and have an equal value when applied in parallel circumstances. We will suppose then, that this man is of opinion that frequent ablutions are essential to the religious and moral welfare of the community, and that he put this opinion into practice in his own case. We can show him that Mahommed was the first to promulgate this doctrine, and to insist upon its practice, and we argue, therefore, that he is morally obliged to call himself a Mahomedan and identify himself with that body. With the same argument we might seek to show him that he is morally bound to attach to himself a number of names, which would have the common result of totally misrepresenting his actual beliefs. It is stated that the refusal to call himself a "homœopath" arises from "moral cowardice." If this be so I fail to see the distinction between such cowardice, and that proper self-respect which leads every scientific man to express no opinion upon a dozen things in which he half believes, rather than identify himself with one that may be proved false. But let us suppose that this man is prevailed upon by your argument, and in order to express his belief in (we will say) the law of similars, calls himself a "homœopath." A stranger afterwards remarks to him, "You are a homœopath, I believe?" "Yes," he replies, and then, anxious not to leave the impression that he is a blind disciple of Hahnemann, he adds, "I don't believe, however, in all the theories of homœopathy." The stranger goes on his way reflecting, "I have always been told that there is much nonsense in homœopathy, and the remark of this professed homœopath proves it to be true. I may as well cease my enquiries into this matter." His reflections would have taken a different turn if the answer had been "No, I am not a homœopathist, but I agree with the more important principles advanced by that body." Harm, rather than good, results when those who should refuse to call themselves homœopathists, on grounds of logical disability, consent to do so from a mistaken notion of moral necessity. The whole question narrows itself to this:—On the one hand, stern logical principles demand that we

think only of the future ; on the other hand is a kindly sympathy, originating in benefits received, luring us to a temporary expediency. The student seeking something better than the medical method of the day is surprised and delighted at the results obtained from a system which on the face of it appeared ridiculous. As his enquiry proceeds, he finds himself giving up, one by one, the modes of treatment he formerly adopted. Now comes the question, Shall I announce myself "a homœopath?" He acquaints himself with the theories and principles of homœopathy, and finds the facts in which he believes, so entangled with questionable doctrines that it is difficult to separate the one from the other. He knows that his scientific training forbids him to support these last century guesses, and yet he feels a sense of indebtedness to homœopathy *as a whole*; he knows it has been condemned *as a whole* by the profession, and he feels a sort of moral obligation to assume the title of homœopath so as to give it such support as lays within him. "I can believe the truth that is within it, and not trouble myself about its fallacies. I shall thus accomplish my chief object, viz., to aid what I know to be true." But, here is the fallacy; he does not aid the truth, he hinders it. What he does, is to help retain certain valuable scientific principles in the entanglements in which they were placed by Hahnemann, to help keep them in a condition which allows earnest workers and thinkers to pass them by and never know them. Ruled by sympathy and drifting into expediency, he injures the truth he would support. As a scientific man, he is bound to take a more difficult task, to state boldly what he finds to be true, and to point out with equal boldness what he finds to be false.

Thus he would at first occupy an isolated position, condemned by those who would keep every sheep to its fold. But in proportion to the truth of his principles would he find himself in a short time one of a large body, who, keeping steadily before them the truth, pursuing their enquiries untrammelled by traditional methods, would place those facts which it is the presumed desire of modern homœopathists to propagate on a firm scientific basis, and aid their progress in a manner which is impossible to a body who, united under one common name, have no common belief, and no common object.

Stated vaguely, the common object of homœopathists is to see their system of prescribing adopted by the profession as a body. It may be said that this will only be accomplished when the *rationale* of the law of similars receives scientific demonstration. Let us suppose that this is accomplished in this manner. That physiologists pursuing their investigations into the functions of the nervous system as well as the laws against vivisection will allow, make clear the action of the minute nervous ganglia, and

find the effects of weak and strong stimulants applied to them, and that it is thus proved that in order to produce a certain series of effects it is necessary to apply an infinitesimal quantity of a certain toxic agent, while exactly the opposite effects are produced on applying an increased quantity of it. That the medical profession, taking advantage of these new physiological principles, find themselves adopting the same dose and the same drug as homœopathsists. Is it to be supposed that they would, therefore, adopt the terminology of Hahnemann, and say with the *Homœopathic World* for last month—"We believe that drugs have a spiritual and dynamic action, and disease a spiritual and dynamic origin." Or would they use any of those terms in common use among homœopaths, not for reason's sake, but for Hahnemann's? And would not the honour which should properly fall to homœopaths for holding on to the truth in spite of professional and social obloquy, be somewhat shadowed by the lack on their part of any effort to obtain for those truths a proper scientific position.

This is a hypothetical case, but there must be some such end to this therapeutic heresy, and it is to this end we look. Homœopathsists have a duty to themselves, a duty to the truth they hold, and a duty to those who are as anxious as themselves to support the truth. There is no room for expediency, it is not a matter of "hauling down the colours," or thinking "What the *Lancet* will say." Those who admit that *there are* fallacies embraced under the name of homœopathy must distinctly separate it from them or themselves from homœopathy. This cannot be done in a few lines of definition. It will require a careful analysis, eliminating every doubtful thing, putting nothing forward as fact which is not capable of demonstration. Experience teaches in this matter how easy it is to add new facts and how difficult to get rid of old fallacies,

I am, Dear Sirs,

Yours respectfully,

PERCY R. WILDE, M.B.

[The foregoing letter appears to us to demand a few observations, in order to remove some misapprehensions which appear to have obtained a hold upon the writer, and are probably entertained by others.

Dr. Wilde says that "it is held by the medical profession that the principles of homœopathy are set forth in the 294 propositions of the *Organon*." It has been urged, time and again, during the last fifty years, that while the principles of homœopathy are set forth in some of those propositions, others deal with matters, the truth or falsity of which do not in the least affect the principles of homœopathy. How thoroughly correct this is, is

shown by Dr. Hughes' analysis of the several editions of the *Organon*. Homœopathy was as clearly taught in the first as it was in the fifth, but, it was not until the fourth and fifth that Hahnemann advanced theories, which are generally regarded as unsubstantiated by facts. Homœopathy has repeatedly been shown to consist in selecting drugs on the principle of similars, and its practice to involve the study of the pathogenetic properties of drugs, the small dose, and the single medicine.

In the case of Dr. Wilde's supposed practitioner, who treats his patients in a manner almost identical with that which is homœopathic, and yet refuses to be called a homœopath, we do not hold him up to scorn and contempt because he refuses to join the homœopathic body, or to call himself a homœopath; but because, believing in, not one of the principles of homœopathy, but *the* principle, and putting it into practice daily, he refuses public acknowledgment of the truth of that in which he gives constant evidence that he believes.

Then, again, he makes one of his supposed practitioners of homœopathy disclaim belief in some of "the theories of homœopathy." Here, again, homœopathy is supposed to mean all that Hahnemann taught. It is nothing of the kind. Hahnemann taught homœopathy *plus* various physiological, pathological, and physical theories, which are quite independent of it, and can only be regarded as a part of it by those whose study of it has been imperfect.

Dr. Wilde urges the avowed homœopath "to state boldly what he finds to be true, and to point out with equal boldness what he finds to be false." This piece of very excellent advice seems to us, when viewed in the light of homœopathic literature, to be somewhat needless. When we look into the writings of such exponents of homœopathy as Arnold, Trinks, Hirschel, Georg Schmid, Watzke, Wurmb, Fleischmann, Caspar, Tessier, Jousset, Cretin, Drysdale, Dudgeon, Russell, Henderson, Black, Hughes, Dake, Holcombe, Ludlam, Wesselhoeft, Talbot,—we see that these and many others have lacked no candour in their criticisms, have left the opponents of homœopathy without excuse for declaring it to be but an expression signifying all the opinions of Hahnemann. Let Dr. Wilde read Dr. Dudgeon's *Lectures on Homœopathy*, and he will there see the very considerable amount of criticism to which Hahnemann's views have been subjected throughout the entire history of the therapeutic method which he formed and elaborated.

The simple fact is, that any physician, who admits that homœopathy, as we have defined it, is true, is as much exposed to the contempt, ridicule, and insolence of the dominant section of the profession as one who accepts without a doubt every opinion expressed by Hahnemann. If

he believes that it is true, in the foregoing sense; he is bound by his duty to his profession to say so openly, regardless of consequences, and indifferent to misrepresentation. Only in this way can he contribute his quota to the development of scientific medicine, and to hastening on the time when the knowledge of homœopathy shall become general, and its appreciation too widely felt to form any barrier to the existence of friendly feelings and cordial mutual co-operation throughout the profession.—Eds. *M. H. R.*]

THE L. H. DIPLOMA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN—The mysterious letters "L.H." would puzzle the world at large. They are regarded with aversion and dismay by many of our foremost colleagues. On the other hand, the diploma which they represent is supported by most of the leaders of British homœopathic journalism.* I wish, however, to say that the more the license is considered the less likely is it to be generally approved. It is true that Dr. Bayes obtained about 100 ayes, and only 80 noes, in response to his appeal by letter to homœopathic practitioners. But this was the result of a statement of one side of the argument. When the vote was taken at the British Homœopathic Society, after full discussion, a large majority decided against the diploma, and some colleagues who intended to say "Yes" to Dr. Bayes, voted "No," after they had asked and received my reasons on the other side. Moreover, one gentleman who assented wrote to Dr. Bayes that he "had not considered the question much," but that he "yielded to so large a majority." It may also be concluded that the 140 practitioners who sent no reply were not very warm admirers of the license.

The zeal of Dr. Bayes in the cause of homœopathy is worthy of admiration. But it is to be hoped that further reflection will show him the wisdom of abandoning the projected license.

Dr. Bayes was indignant at my suggestion that the Spiritualists would be seeking a diploma of L. S., and Table-turners that of L.T.T. He fancied that I was ridiculing homœopathy. On the contrary, the obvious intention was to apply the famous logical formula of *reductio ad absurdum* to the license. It seems that a similar view of the case occurred to Dr. Black, who says, in the April number of the *Review* (p. 249), that Holloway's clerks might, "in order to protect the public, establish an L.H., none genuine but the Licensed Hollowayist."

* Since the above was written, Dr. Burnett has seceded from the licensing scheme. Not that he objects to the L.H., but only to the manner in which it is advocated by Dr. Bayes.

It was a notable idea to hint that those who did not possess the license would be left in the cold as uncertified homœopathic practitioners. It may be confidently predicted, however, that the threat will be as unsuccessful as the bait. Anyone may be proud to possess the degree of M.D. of a British or foreign university of high repute, or the diploma of a College of Physicians or Surgeons. These are recognised titles granted after examination by chartered institutions, and the names of those who hold them are published in the *Medical Register*. But, happily, no man can be compelled to assume the proposed diploma, as a license to practise the glorious system known as homœopathy. It is difficult to imagine even a newly-fledged practitioner parading himself as "Mr. Overall, L.H."

Yours faithfully,

NEVILLE WOOD, M.D., F.R.C.P.E.,
(but not L. H.)

10, Onslow Square,

April 3rd, 1882.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I had no idea when I gave in my adhesion to the use of the L.H. diploma in our ranks that such an amount of opposition would be made to the proposal, and from men of esteem among us. A degree of bitterness also has been exhibited in the controversy which is not creditable to our position as men of culture. Let us review our position. The 28rd clause of the Medical Act merely binds the examining bodies, it does not make it illegal for the candidates to add to their legal qualifications any fresh knowledge, or to accept an attestation of that addition. The legal qualification ignores any addition that may be made to our knowledge, whether in theory or practice. It ignores it, but it permits it. The candidates are at liberty to believe or practise anything they like, from the acupuncture of the Japanese to the incantations of the medicine man in America. Now, if within the wide limits, geographical as well as actual, of this charlatanry we should stumble upon a God-given law of cure, recognised largely by humanity and only ignored by the chartered bodies, there is nothing to prevent our availing ourselves of it, nor, as far as I know, of an attestation that we thoroughly understand it and are qualified to practise it. This is due from us to the public, and they have a right to expect it of us. We do not parade it on our door-plates, just as we do not parade the L.M., or any other title of special meaning. We have an apparatus for teaching both the theory and practice of

this sublime discovery. Better men cannot be found than these teachers. Why should we not use their attestations of our competency—in a professional way, but so as to let the public know that we understand the subject? It has been objected that it is proposed to endow every practitioner of homœopathy with the certificate if he be only of old standing. I do not see the force of this objection. Every reform must be of this nature. No reform can be retrospective. The law, when it became stringent for legal qualification, excepted all those in practice before 1815, for it was felt to be unjust to disqualify men already established, however unworthy. I think we are doing the rational thing. We cannot wait till men come to their senses before we guarantee the public against incompetent practitioners. If there be any in our ranks unworthy the name of Hahnemann they will die out; the rising generation, at least, will be stamped with the seal of genuineness, and the crypto-homœopaths, who are hiding in the ranks of those who profess disbelief in medicine, will be known as not of us, and as not quite genuine, but pretenders. Something more is due to a great truth than clandestine admission into such company, to have it smuggled into respectability as contraband. We cannot wait for a charter or to be made legal. The advent of homœopathy to public acceptance must be with shouting; it must be placed in the edifice of medicine; it must be hailed as the "Head of the Corner."

I am, Gentlemen,

Yours respectfully,

THOMAS HAYLE.

Rochdale, April 11th, 1892.

P.S. I have no unconquerable desire for the use of L.H. Any other designation will do.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I am directed to forward you the Resolution passed at the meeting of "Liverpool Homœopathic Medico-Chirurgical Society," held on April 6th, viz. :—

"That as the resolution passed by this Society at its last meeting seems to have been misunderstood, it is hereby resolved that we are opposed to any title being conferred by the London School of Homœopathy, unless they obtain legal power to grant one."

I am, yours truly,

S. H. BLAKE, Hon. Sec.

We have also received the following note from Dr. Drysdale :—

"The following resolution was agreed to by the undersigned homœopathic medical men in Liverpool and neighbourhood, who

were not present at the meeting of the Liverpool Homœopathic Medico-Chirurgical Society, on 2nd March, 1882, or dissented from the resolution then passed.

“ ‘It is not expedient, in the true interests of homœopathy, to seek for a sectarian title, such as Licentiate in Homœopathy, to be made registrable.’—J. Drysdale, J. W. Hayward, J. Moore, E. Hawkes, T. Simpson, T. Carson, J. D. Hayward, E. L. Hudson, J. Finlay, Samuel Brown.”

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We much regret that we have, in consequence of the pressure on our space, been compelled to postpone the publication of papers by Dr. BLUMBERG, BAYNES, and C. L. TUCKER, and reviews of Dr. WINSLOW'S work on *The Human Ear*, and of Dr. EATON'S on *The Diseases of Women*. All, we trust, will appear in June.

Communications, &c., have been received from Dr. ROTH, Dr. C. L. TUCKER, Dr. MORRISON, Captain MAYCOCK, Mr. CHAMBER (London); Dr. DRYSDALE (Liverpool); Dr. BROWN (Chester); Dr. BAYNES (Canterbury); Dr. BAYES (Brighton); Dr. GUINNESS (Oxford); Dr. E. M. MADDEN (Birmingham).

ERRATUM.

The number of new patients admitted during last year to the Oxford Homœopathic Dispensary was 921 and not 221 as stated on page 235 of our April number.

BOOKS RECEIVED.

British Journal of Homœopathy.
The Homœopathic World.
Student's Journal of Medicine.
The Chemist and Druggist.
Burgoyne's Magazine of Pharmacy.
The New England Medical Gazette.
The Hahnemannian Monthly.
The New York Medical Times.
The Medical Advance.
American Homœopath.
The Therapeutic Gazette.
The Medical Counsellor.
Bibliothèque Homœopathique.
Bulletin de la Société Homœopathique Médicale de France.
Allgemeine Hom. Zeitung.
El Criterio Medico.
Bolletino Clinico.
Rivista Omiopatica.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

“THE LONDON HOMŒOPATHIC HOSPITAL.”

IN our April number it was our pleasing duty to lay before our readers the results obtained at several of our leading dispensaries, and to direct attention to the various points of practical utility in their working. We surveyed, as it were, the outworks of homœopathy, the advanced posts, where the hardest work is done, and where, perhaps, there is the least notice bestowed on the workers. We will now take our readers with us into the fortress, the citadel of homœopathy in our great metropolis. The thirty-second annual report of the hospital furnishes us with an interesting theme.

It is doubtless well-known to most of us that the hospital building has undergone considerable alteration during the past year, part of it having been to a great extent re-modelled. This was necessitated by a defect in the masonry of the east wall of the building, which after careful survey it was decided to pull down and rebuild. Whilst the repairs were in progress, “a committee of medical men and some members of the Board decided that it was desirable to take advantage of this opportunity to abolish some cumbersome and very inconvenient party walls, dividing the wards on the two floors chiefly affected, and thus to throw into one two wards on each floor. The advantages gained by this measure are greatly improved ventilation and light; much greater facility in carrying out the nursing duties, and at a less cost; and a very marked

improvement in the appearance and general character of the wards."

The sweeping alterations indicated in the above extract from the report deserve more than a passing remark. The committee have devised and carried out a great structural improvement, which has gone a long way towards raising the efficiency of our hospital to the high standard all its friends desire for it.

Viewed according to our modern ideas, there is much to be desired in the arrangement and accommodation of the hospital. But it has long been known that without entire rebuilding, the present structure can never be sufficiently modernised to answer to all the hospital demands of the present day. This, in the present state of affairs, is out of the question, but the committee deserve all praise for the great and successful efforts they have put forth to make the best of the building as they find it.

We hope the time is not far distant when the friends of homœopathy will be asked to put their "shoulder to the wheel," and that a new edifice, having at least 150 beds, and replete with every requirement of modern sanitation and medical science, shall arise to extend the blessings of homœopathy to the poor of our great metropolis.

As it is, the benefit of our present hospital is felt far and wide; the out-patient department draws on every suburb round London for its *clientèle*, and a curious enquirer would be surprised at the distances some patients come in order to obtain homœopathic treatment.

The alterations in the east wing have added greatly to the efficiency as well as the appearance of the wards. Only one thing more is needed, and that is, "Patients—more Patients." That it should be so, arises largely from the fact that it is not generally known that there is good accommodation for 71 in-patients; but in the absence of

fit subjects for treatment, there were, at the time the return was made out, only 53 in the hospital. We desire to draw the special attention of our medical brethren to this matter, for, after all is said and done, it is to them that the hospital authorities must chiefly look for eligible cases for treatment in the wards.

Another noteworthy event in the year 1881-1882 was the presentation to Lady EBURY of a life-size portrait of the highly-valued and esteemed Chairman of the Board of Management—the Lord EBURY. This interesting presentation was noticed at some length in our last number. The Board take the opportunity afforded by the report of “recording an earnest hope that his lordship may yet be spared for many years to hold the position of Chairman, which for so long a period—twenty-eight years—he has filled, to the great benefit of the institution.” A wish which every true homœopath will devoutly re-echo.

During the year the noble President of the Hospital—the EARL OF WILTON—has been removed by death. His place has been filled by the appointment of EARL CAIRNS, who has signified his pleasure to accept of the position. We regret very much the loss which the hospital has sustained, but share with the Board the gratification which they feel at the acceptance of the office of President by so thorough a homœopath as EARL CAIRNS.

Turning to the paragraph of the report which refers to the expenditure of the hospital we find much matter for congratulation. This paragraph forms, as it were, a testimonial of efficiency for the Board and their Official Manager. Owing to the economy in administration, and the fact that the number of in-patients has been but slightly increased, the board have been enabled to pay not only the expenditure proper to the year, but also to repay out of income the sum of £400 due to the Treasurer, and

yet to show on the current account at the bankers a balance of £44 6s. 2d. with which to commence the new year.

There is a point which we wish to bring prominently before our medical readers, and that is, that although there are seventy-one beds in the hospital, yet the present income will only suffice to maintain a daily average of between fifty and sixty in-patients.

Surely with the widespread knowledge of homœopathy now prevailing, there should be no lack of response to an appeal for help. We fear this state of affairs arises more from the want of an appeal than from unwillingness to respond to it. If our colleagues would each take the trouble to lay before influential patients the claims of the hospital, and to press the necessities of the case on their attention, there can be no doubt that the remaining beds would be filled and the whole organisation placed on a satisfactory footing. The management deserve all praise for what they have done with the means at their command, but much remains to be done, which could easily be done if our brethren would cease from polemics, and instead of seeking for an extinguisher for our light would do something to help the good of the cause.

Then again, there is another paragraph in the report, which calls for the careful consideration of those of our colleagues resident in and around the metropolis—we allude to the changes which have taken place in the external staff and the difficulty found in replacing those gentlemen who have resigned. We trust that some of our younger colleagues will be found willing to give up a small portion of their time to this work. The out-patient department of hospital work has always, and justly so, been regarded as the training ground of the physician, the variety and number of the cases affording him a varied and wide field for developing those perceptive faculties so useful in daily

practice. The out-patient department of our hospital has always been numerously attended, and patients from all parts of London testify to the benefits received there.

The amateur dramatic performance given last year by "the Thaliens" was, to use a stage phrase, "a regular bumper," the net profits having amounted to one hundred and eight pounds.

We are glad to see that some friends have recognised the necessity of providing amusement for the patients. It is wonderful how a little fun and diversion cheers up the ward, and seems to lend new life to the sufferers. "A cheerful mind helps the doctor," and there can be no doubt that occasional entertainments and concerts would do much to brighten the weary hours of suffering. Such a concert was organised by Lady Ida Low, in March, 1882, assisted by some members of the Kyrle Society, and most thoroughly it was appreciated. We only hope that the success it met with may encourage a repetition at some future date.

Homœopaths in general are apt to overlook the claims of the hospital. With a few notable and praiseworthy exceptions, the old adage, "out of sight out of mind," holds good of this as of many other kindred institutions. This should not be so, and perhaps in the future, when a new generation of homœopaths shall arise, who are not ashamed of the name of the hospital where they received instruction, we shall find medical men pressing the claims of our institution upon the rich, and encouraging the poor to add their mite. How soon, if all were unanimous in their efforts, might the Board of Management feel themselves encouraged to enlarge their borders, how soon might all the beds be constantly occupied. Cases there are in plenty, if medical men would only show a sufficient amount of interest to send them in for treatment. The organisation and machinery are in thorough working order, all that is wanted is more patients, more subscribers—that we may have the former we must have the latter. And it is to our medical readers that we look to supply both deficiencies.

ON ELECTRICITY: ITS PHYSIOLOGICAL ACTION AND THERAPEUTIC USES.

By DONALD BAYNES, M.A., M.D., F.R.G.S.

(Continued.)

THE galvanic current produces no shock, unless it be broken or interrupted. This is usually done by means of a rheotome or interrupting handle; if weak, the current produces little or no pain; if strong, it produces a tingling, burning sensation, at the point of contact with the electrode; if very strong, it quickly becomes unbearable, and produces ulceration. The characteristics of this form of electricity are comparatively low "intensity" in its action on nerves and muscles, but a large amount of "quantity." It produces chemical and thermic results far beyond those of static or Faradic electricities.

Faradic electricity is of high tension, having almost no chemical action, or any direct effect on the temperature. It produces none of the sensations so characteristic of the galvanic current. In the application of electricity it must be borne in mind that the positive pole is the less irritating, therefore, in general electrization, the negative pole should be placed at the feet, coccyx or epigastrium, while the positive should be applied to the head, neck, spine, and other sensitive parts. In cases where the sedative effects of electricity are required, the positive pole is preferable, being less irritating; but if stimulating effects are desired, the negative pole should be used. The strength of the current used must depend on the susceptibility of the patient to electricity. Some cannot bear even the mildest application. A mild current, either long continued or frequently repeated, is far more beneficial as a therapeutic agent than a strong one; strong currents are more apt to be hurtful than beneficial, and usually cause aggravation of the disease. The results of electricity, when carefully applied, and in properly indicated cases, are relief of pain; improvement in the pulse, digestion and nutrition; increase of appetite; and a soothing effect, with tendency to produce sleep. When improperly applied, if continued for too long time, or used too strongly, profuse perspiration, dizziness, apnoea, headache, soreness, nervousness, exhaustion, and certain aggravation of the complaint.

Electricity may be administered in two ways—"locally" for purely local affections, where it is desired as much as possible to confine the action of the current to some particular part; and "generally," where a constitutional effect is wished for. In this latter instance the greater part of the body is brought under the influence of the current. Electric currents may be "direct" or "indirect." Direct currents are those which are applied over the surface of the muscle or part to be acted upon; indirect where they are applied to the nerve supplying the muscle or part to be influenced. The points where the nerves enter the muscles are called "motor points." These are well shown in Zeimssen's charts of motor points. Large electrodes are used for direct, and small for indirect electrization. Currents are either "stable," where both electrodes are kept in the same position; or "labile," where one or both are moved over the surface.

Local Electrization is, as before mentioned, the method of employing electricity, where the purely local action of the electric current is required. In this method the electrodes are so placed, that the part to be influenced lies between them, and as the current passes from one electrode to the other, it must necessarily affect the part that lies between them. In electrization of the head, one pole may be placed on the forehead and the other on the occiput—or one pole on either mastoid process, or immediately behind the mastoid processes, according to the effect desired to be produced. To galvanise the cervical sympathetic, one electrode is placed over the auriculo-maxillary fossa, and the other over the last cervical vertebra.

General Faradization.—By this method the whole of the body is brought, as far as possible, under the influence of the Faradic current. In employing this method, one pole is placed at the feet, or coccyx, by means of a broad electrode, the other being passed over the entire surface of the body. This latter electrode should consist of a metal or carbon cylinder, covered with sponge or flannel, to which a Y shaped handle is attached, the whole somewhat resembling a miniature garden roller. This form of electrode is easily applied, and is more suitable for this purpose than the ordinary flat sponge electrodes.

Central Galvanization. By this method, the entire central nervous system is brought under the influence of the galvanic current. To accomplish this, the negative

pole, or electrode, is placed a little below the ensiform cartilage ; while the positive is passed over the forehead, to the top of the head, down the side and nape of the neck, and along the whole length of the spine. Great care must be taken in applying electricity to the head and neck, otherwise alarming syncope, and even death, may result.

Another method of administering electricity (either galvanic or faradic), is by means of the electric bath. This method combines all the advantages derivable from all the various ways of applying electricity, and, in addition, gives the patient the extra benefit of the warm bath. In treating disease by means of the electric bath, everything depends on its proper construction and mode of administration. The electric bath used, and I believe introduced by Dr. Schweig, of New York, has always given me the greatest satisfaction, and I consider it the best in use.

The bath is made in the form of the ordinary plunge baths found in most houses. It is made of wood, slate, or marble ; wood is the cheapest and less liable to be acted on by acids or other chemicals introduced into the bath. At the head and foot of the bath carbon plates are let into the wood ; these plates are connected by means of a copper wire, which runs along a groove let into the head and foot pieces of the bath to the coping, where it communicates with two binding screws, one at the head and the other at the foot of the bath. When a bath is given, a wire is connected from either pole of the battery to the binding screws. If the conductor from the positive pole is connected with the binding screw at the head board, and the negative with that at the foot, we get a descending current. Where an ascending current is required, the reverse of this must be carried out. If we desire to localise the current in special parts of the body from one of the poles, what is termed a surface board is used ; this is a piece of board about 14 inches long, 5 broad, and $\frac{3}{4}$ thick, having a bed cut in it large enough to receive a carbon plate, 5 inches long, 2 wide, and $\frac{1}{4}$ thick ; through the centre of this board a metallic binding screw is introduced and brought into connection with the carbon, and to this binding screw is attached a piece of insulated wire, which may, as required, be attached to either conducting wire from the battery. The current is said to be centripetal when the surface board is connected with the negative, and centrifugal when connected with the positive pole. The average

duration of the bath is about twenty minutes, though the time may range from ten minutes to an hour and a-half. The temperature of the bath may range from 85° to 100° or 105° Fabr. Certain chemicals may be introduced, which will, under certain conditions, enhance its effect. Iron (*tart. of iron* and *ammonia*) is useful in anæmia, chlorosis, etc. *Iodine*, either as tincture, or in the form of *iodide of potassium*, is very useful in the absorption of plastic exudations, articular deposits following rheumatism and gout, also in the elimination of lead, in cases of lead poisoning: in these cases about an ounce of *iodide of potassium* is added to each bath. Extract of malt alone, or in conjunction with iron, has been found very useful in cases of mal-nutrition and debility. If we wish to obtain counter-irritant effects, mustard or common salt may be added. To render the bath alkaline in some cases of skin diseases, add bi-carbonate of potash, or soda; starch is sometimes a useful adjuvant to the potash or soda.

The general therapeutic effects and uses of the electric bath may be summarised as follows:—

1st. Its value as a diagnostic.—The current makes itself more decidedly, and often, even, painfully felt, in any part where a morbid condition exists, whether this be of an inflammatory, neuralgic, rheumatic, traumatic, congestive, or other nature. It may be compared to tenderness on pressure. In anæsthesia the current makes itself conspicuous by the absence of its normal effects.

2nd. It is an excellent counter-irritant.—The amount of counter-irritation can be regulated to a nicety by the intensity of the current. After a bath the back and legs are seen to be quite red. Concentrated local counter-irritation can be obtained by the use of the surface board.

3rd. As a general invigorant and tonic it can have few, if any, superiors. In cases of debility, mal-nutrition, want of energy, etc., the tonic effects are striking and brilliant.

4th. It has great powers as a hypnotic and general sedative. The greater the degree of restlessness, irritability, or wakefulness, the more strikingly does the soothing and hypnotic influence become apparent.

5th. Improved nutrition, as manifested by rapid increase of weight, is a reliable and constant effect.

Among the diseases that seem to be specially amenable to this form of treatment may be mentioned:—

1st. Rheumatism, sub-acute and chronic, with their sequelæ.

2nd. Chorea, or St. Vitus' dance.

3rd. Hysterical affections.

4th. Nervous exhaustion.

5th. Insomnia (sleeplessness).

6th. Anæmia (the cause of numerous morbid conditions).

7th. Paralysis (here very specially the beneficial effects have been amply proved).

8th. Many forms of neuralgia.

9th. Articular effusions.

10th. Impotency.

11th. Dyspepsia, constipation, and chronic diarrhoea.

12th. Some forms of metallic poisonings, as lead, mercurial, etc.

13th. Very useful in convalescence from acute diseases, chronic headaches, hay fever, uterine and special female complaints.

HOMŒOPATHY IN SPAIN.

By CHARLES LLOYD TUCKEY, M.B., C.M.

Physician to the London Homœopathic Hospital.

IN the volume containing the reports of the business done at the International Homœopathic Convention, held in London last year, I contributed a short article detailing the principal events that had happened in Spain connected with the progress of homœopathy during the preceding five years.

This was written at the last moment, as no Spanish medical man came forward, and was compiled from the homœopathic medical journals published in Madrid.

Since that paper was written many events bearing upon the progress of our cause in Spain have occurred, and a short sketch of these will no doubt prove interesting to some of the readers of the *Review*.

It would perhaps be impossible to discover two countries more dissimilar in nearly every way than are Spain and Great Britain, and one might expect the modes of thought of the inhabitants to be equally diverse. How strange is it, therefore, to find, at least in the history of homœopathy,

that our politics have borne a fair analogy to those of the Peninsula !

In the report referred to I briefly noticed the foundation and inauguration of the Madrid Homœopathic Hospital and School, under the patronage, and chiefly through the exertions, of Dr. Nunez, Marquis and Grandee of Spain ; the death of this great man ; and also the unfortunate division which occurred between his friends and the Hahnemannian Society of Madrid, in consequence of his will.

I shall now proceed to notice at greater length the course the society has adopted to obtain possession of the hospital and school ; the present state of parties ; and the constitution and laws of the school, or institute.

There appears to have been no opposition to the scheme of founding an hospital for the treatment of the sick, and a school in connection with it for the instruction of students according to homœopathic principals, and the dual institution was inaugurated in February, 1878, with great ceremony, and it was entitled, " The Hospital and Institute of St. Joseph," after Dr. Nunez's patron saint ; and Dr. Nunez was unanimously appointed the first director. Four members of the society were appointed physicians in charge of the wards, with three assistant physicians under them to attend to the out-patient department. These physicians were also named professors, and they were to give lectures and clinical instruction to the students attending the school.

All went well as long as Dr. Nunez lived ; but when he died, at the close of 1879, he left a will in which he disposed of the hospital as though it were his private property, and he left minute instructions as to its management, which were to be carried out by a board of " patrons," appointed by him for the purpose.

The Cardinal Bishop of Toledo was to be the chief of these, and was to succeed the Marquis as director, and this body was to have absolute control over the management and appointments. The society was entirely left out in the cold, not being even mentioned in the document. Hence have arisen the struggles for supremacy which have not yet terminated.

The official organ of the society, and the oldest homœopathic journal in Spain, *El Criterio Medico*, immediately began to publish a series of violent articles against

Dr. Nunez and his friends, denouncing their conduct, and giving a history of the hospital. According to this account Dr. Nunez certainly originated the scheme and did more than any other man to carry it out; but he acted as president of the society, and agent merely for the society. Dr. Nunez had suggested that, to simplify matters and to prevent legal complications, it would be better for him alone to sign all the contracts and documents connected with the purchase of building land, and the erection and furnishing of the institution, and to this apparently considerate action the society had agreed, but without the least idea that thereby they were making him the legal owner of the estate.

The physicians and lecturers at the hospital, and the friends of the late president, left the society shortly after the publication of this statement, and started an opposition journal, devoted to the interests of the institution—*Boletín Clínico del Instituto Homœopático de Madrid*—and in this they published a counter statement. According to this the society ought to have understood, and, in fact, did understand, perfectly well, that Dr. Nunez founded the institution as an individual effort to promote homœopathy, and not in any way as the president or agent of the society; that though he had been very glad to avail himself of the assistance of other medical men, yet he would have carried out the project whether they had helped him or not; that, as a matter of fact, he had found two-thirds of the whole amount required to complete the work, and had endowed it with his private fortune on his decease; and that the society had acknowledged this, when the building was publicly opened, in the laudatory address it presented to him, in which it proposed to call it the Nunez Hospital, and attributed the undertaking entirely to him.

This quarrel has not been confined to the columns of the rival journals, but it has even found its way into the Spanish Cortes. Dr. Paz Alvarez, principal editor of *El Criterio Médico*, president of the Hahnemannian Society, and member of Parliament, made a long speech on the subject, and ended by asking the Minister for Home Affairs to interfere in the matter, and to restore the hospital to its rightful owners (the society). The Minister thus appealed to replied that he was quite unable to interfere in the matter, and that the affair was one not for Parlia-

ment, but for the law-courts. At the same time a counter petition was presented to him by the Bishop of Toledo, on behalf of the board of patronage, giving another version of the case. In answer to this his Excellency wrote that the representatives of the late Dr. Nunez were the legal and solely responsible owners of the institution, as long as their claims were not set aside by the tribunals.

So far, then, the society has been defeated upon all points, and whatever its moral claims may be, the legal position of the present patrons appears unassailable.

The monthly reports of the hospital were at first published in both journals, but as the estrangement became greater the *Criterio Medico* ceased to mention the institution except to sneer at its management and comment upon the high mortality among the patients in its wards. The *Boletin Clinico*, however, gives very full and glowing accounts of its progress, and from these it appears that the mortality is about six per cent. of the in-patients treated. This is about one-half that of the other general hospitals in Madrid, though the cases are of quite equal severity.

Until last year, out of the fifty beds the hospital contained, fifteen were always kept empty for want of funds. But last November the Minister who superintends the public charities of Madrid proposed that an annual grant of 12,000 pesetas (about £500) should be made to the Hospital of St. Joseph, on account of the useful and charitable work it was doing. This proposal was met by the counter one that the money should be given instead to the Madrid Hygienic Society, but this was afterwards withdrawn, and the grant was voted. Now, therefore, there are sufficient funds to permit of every bed being filled.

El Boletin Clinico, in an article on the subject, says: "We understand Dr. Paz Alvarez was prepared to vote against the grant being made if there had been any active opposition to it." To this *El Criterio Medico* rejoined: "We hurl back in the face of its scandalous author the ridiculous and mendacious report published in *El Boletin* against our most illustrious president," &c.

In the January number of *El Criterio Medico* are given the results of two legal suits. The first, brought against one of its editors for libel by the Bishop of Toledo, was dismissed with costs. The second, brought against the son-in-law of Dr. Nunez by the society, ended in this

gentleman being publicly censured and condemned to pay all costs.

One would naturally fear that the school would suffer in efficiency, owing to the jealousies of those who should support it, but fortunately this does not appear to be the case. In the annual meeting of its supporters, held in the institution in January, the Dean spoke of the progress made during the preceding twelve months, and stated that there were forty-six students attending the lectures for the winter session 1881-82, against twenty-six during 1880-81. He spoke highly of the standard of education reached, and said their school might be compared without fear to those of England and America. In strongly urging all students and young medical men desiring to understand homœopathy to attend the lectures and clinical instruction given by the school, he said he was sure that two years of study within its precincts would enable a man to learn more homœopathy than twenty years spent in ordinary country practice.

The following are some of the rules of the institution, mostly laid down by Dr. Nunez in 1879, and which are carried out by the patrons :—

1. There are two professorial chairs—of Homœopathic Materia Medica and Therapeutics, and of the History and Practice of Medicine—these chairs being held by physicians to the hospital.

2. The physicians in charge of the wards give two clinical lectures weekly, by the bedside of the patient.

3. One of the professors is Dean of the faculty.

4. The professors are paid by the fees of students—these being very small, according to our ideas.

5. The student after attending lectures at the hospital for two years goes up for examination on the subjects studied, and if he passes he is given the diploma of “homœopathic doctor,” for which he pays a small fee.

6. This title is also conferred upon physicians who have practised homœopathically for six years before the foundation of the school.

Only qualified medical men receive the diploma, others are given a certificate of having studied and passed an examination in stated subjects.

In cases of great merit the diploma is given to students free of charge, and in honour of the Centenary of Calderon, six such distinctions were bestowed upon Alumni.

The practice taught by the professors, and carried out in the wards, is to give one medicine of a high potency—200 being apparently the favourite dilution. Think of this in the country of Sangrado! A synopsis of the lectures to be delivered, a fully reported clinical lecture, and details of some interesting case in the wards appear in the numbers of *El Boletín Clínico*, together with much personal and polemical matter.

Learning from its adversary, *El Criterio Médico* has increased its size, and has vastly improved its contents. Whereas formerly it was filled almost entirely with translations from German, American, and English medical papers, it now publishes capital articles on drugs and diseases of home manufacture. It also continues to publish, in full, reports of the meetings of the society, and it devotes a certain portion of its space very often to comments on, and contradictions of, articles published in *El Boletín Clínico*.

From the two journals which have been referred to the above history has been, as impartially as possible, compiled, and therefrom will be seen that the spirit of discord present with us here in England is also rampant among our *confrères* in Spain, and the "Courteous Spaniard" seems, indeed, to be our master in the language of contumely. Yet homœopathy is flourishing throughout Spain. Many of the most influential members of the Court and aristocracy are active propagandists of its truths, and, in spite of all opposition, the school is sending out yearly increasing numbers of educated physicians, to carry its principles into every village throughout the land.

21, Henrietta Street, Cavendish Square.

April, 1882.

THE MEDICINE OF THE FUTURE.*

By H. BLUMBERG M.D., J.P.

FIRST of all I must correct the title of my lecture. It is not the medicine of the future upon which I crave your attention. I have no particular drug or remedy to bring to your notice, but it is Medicine of the Future, in analogy with Richard Wagner's Music of the Future. Allow me

* Read before the Southport Literary and Philosophical Society, March 17th, 1882.

to explain the purport of my paper in a few words. I intend to speculate upon the future of the art of healing, or, in other words, I will ask, and try to answer, the question, "What will be the position of physicians in regard to their patients; and what will their method of treatment be, say, in fifty years hence?" Every treatise which has to deal with the future rests, as you are well aware, more or less upon hypothetical foundations, but such foundations need not be an airy fabric, which leaves no trace behind; on the contrary, a hypothesis deducted from analogy in Nature, or from historical premises, is often the precursor of truth. The historian is like a prophet turned backward and looking analytically down, and a prophet is an historian looking forwards and synthetically upwards. The first condition, therefore, in order to be enabled to speculate on the future career of medical art and its professors is to take a clear and correct survey of the history of medicine—what medicine has been. The next is to understand what medicine is at present, and not till then we shall be at liberty to inquire what medicine will be. But before I begin the sketch of the past or retrospect of the history of medicine, let me assure you Mr. President, Ladies, and Gentlemen, that I have not undertaken to deliver this lecture in any sectarian spirit or with the hope of gaining proselytes. I have been asked by our worthy secretary to read a paper, and I have naturally selected a subject which I understand and which is daily in my mind. This is the explanation of my paper. I need not tell you that I will avoid as much as I can to give offence to my medical brethren who think differently. Our motto is *in certis unitas, in dubiis libertas, in omnibus charitas*. The history of medicine is of course intimately connected with the general history of mankind, and has exactly, as the latter, three great phases. The first epoch from the dawn of the art under the Asklepiads until Galenus, who brought the medicine of the ancients to comparative perfection. Then a gradual decline of medical art and science, synchronous with the decline in civilisation subsequent on the downfall of the Roman Empire, a decline which lasted nearly to the time of Sydenham and Harvey; and lastly, beginning with these eminent physicians, an era of slow, very slow progress, which only became accelerated by the teachings of one great medical reformer in the first quarter of our century. Allow me, Ladies and Gentlemen,

to go somewhat more into detail as regards these three great Epochs. The first traces of medical art are found in the records of ancient Egypt, that mother of all civilisation. Isis and Osiris the mysterious deities were considered to have revealed to mortals the secrets of the healing art. The caste of priests was the only one allowed to practise, and any one of another caste who dared treat the sick was punished with death. Disease was always considered by the Egyptians, as later on by the Hebrews, to be the effect of divine anger, and sacrifice offered to the priests was enjoined as the best means of cure. The ancient Hindus had already many centuries before our Christian era a book on pathology and therapeutics in Sanscrit, the *Agar-Veda*, whose author was Sarratas. But the principal physicians of the ancient world were the Greeks. There was one large family, the supposed descendants of *Æsculapius*, who were in the possession of the secrets of medicine. Their way of cure was simple but peculiar. The patient had to pass one or more nights in their temples, and to tell his dream to the priest-doctor, who ascertained by that dream the nature of the complaint, and then ordered the necessary remedies. The great master of the healing art, a man who really deserves the proud title of Father of Medicine, rose among the Greeks about the fifth century before Christ. I mean Hippocrates. Hippocrates was a scion of the *Asklepiad* family, and was born in the Greek Island of *Cos*, 460 years before Christ. He is said to have learnt the medical art from his father, and after being fully trained he practised as a sort of wandering physician in Athens and other parts of Greece, Asia Minor and Lybia. In his old age he settled in his native place of *Cos*, where he died 374 years before Christ. He had a wonderful intellect, and in those books which have escaped the ravages of time, and have been preserved for us—books on diet, on epidemics, on prognostics, and the wonderful collection of aphorisms—he laid down rules of treatment which can be studied with great advantage even now. He laid justly great stress upon air, diet, climate, and even the circumstances of the patients. His remedies were simple and mostly taken from the vegetable world. He hated unpleasant drugs, and one of the passages in his writings is, “If there are two remedies whereby you can cure an illness, choose always that which is most agreeable to the patient.” After Hippocrates came his two sons, Hippilas and Dracon,

and after them the school of Alexandria, who cultivated the medical art according to the principles of Hippocrates. The Romans who had taken their political system, their art, their literature, their theatre, their architecture, and their theogony and religious rites from the Greeks—took from them also their system of medicine. In republican Rome Greek slaves or libertines were the only medical men. Themison, a Greek, practising in Rome about the time of the Emperor Titus, lays, like the father of medicine, great stress upon diet, air, exercise, and introduced also the cold water treatment, by which later on the Emperor Augustus was cured. After him Celsus was the fashionable physician, or as our witty neighbours, the French, would call it, *l'assasin à la mode*, in Rome. He departed already from the simple and sensible teachings of Hippocrates and treated patients in a crude, empirical way. Galenus, at the end of the Roman period, collected all the theories and practical precepts of his predecessors, and was the great medical authority for more than a thousand years. But his successors, though they quoted his words, did not understand their meaning; and medicine sank from year to year—from century to century—deeper in a senseless, superstitious, cruel and dangerous routine. An attempt at a reformation was made by the Arabs, particularly in the tenth and eleventh centuries after Christ, chiefly by the celebrated Avicenna, but it had no great success; and with the downfall of the Arab power in Europe it came altogether to an end. It is really painful to trace the state of medicine in the Middle Ages. All sorts of magical formulas, talismans, the most disgusting remedies from all kinds of animals, the absolute ignorance of the human constitution, of physiological laws—form a most objectionable picture. I regret to say that traces of that time have continued within the present memory of man, and I am not sure whether living persons who put their faith in nasty smelling liver pads of advertising quacks, or in some cure-all of some old witch, are any more advanced than the poor ignorant serfs of the Middle Ages. With the return of learning, which began in Italy, and gradually spread to the north and west of Europe, some opposition was attempted by the more clear-headed among the laity. But the power of the doctors was too absolute, and kings and universities upheld their orthodoxy. Still the scepticism in the wisdom of the faculty

began to spread among the lettered and educated classes, and as they could not defy the doctors openly, they took refuge in satire. Rabelais (himself a doctor of medicine) poured out the inexhaustible vials of his wit on the ignorance, the pride and the covetousness of his colleagues, and from his time the doctor became a standing figure in comedy. Who has not read and laughed at the consultation of doctors in Molière, or at Lesage's most entertaining sketch of the blood-letting Dr. Sangrado? It is marvellous that the faculty survived all these attacks, for many centuries, modifying but little their silly practice, and continuing up to the last few years, we may say, to swear by the obsolete doctrines of their ancestors—

To follow foolish precedent, and wink
With both our eyes is easier than to think.

The lancet remained the chief remedy, and it was well said by the eminent physician, the late Sir John Forbes, that it had killed more than the sword. Not that there did not arise from time to time clear-seeing and correctly-thinking men among the profession—for instance, Paracelsus, whose mind was most original, and whose influence upon the development of medicine has hardly as yet been properly acknowledged; Van Helmont, William Harvey, who not only by his great discovery of the circulation of the blood, but by his most important maxim, *Omne vivum ex ovo*, laid the firm foundation of modern physiology, nay, in some sense even of modern philosophy—Stahl, Hoffmann, Haller, Cullen, Brown, Frank, Hufeland—but though all these men had immortal merits on certain branches of the science of medicine, none of them had sufficient influence to leaven the whole mass of practitioners with a new cardinal principle reforming the whole domain of the healing art. The man who tried to accomplish this grand task, and who, in my opinion, has accomplished it, is Samuel Hahnemann. I know, Mr. President, Ladies, and Gentlemen, I am treading somewhat on forbidden ground by trying to trace the revolution accomplished by this great man. His life, his character, his doctrines have been (particularly at the time of the lamentable demise of Lord Beaconsfield) publicly and violently assailed and as warmly defended. One writer in the *Times* called him, who was certainly the most learned physician of his age, an ignorant man! Many of his followers are, on the other side, but too much inclined to make of him a

demigod, and to pretend that after him there is no more progress necessary. I will try to give you a fair and objective picture of the reformer and his theory. Samuel Christian Frederick Hahnemann was born on the 10th of April, 1755, at Meissen, in Germany, and received his classical education at the grammar school of that town, studying afterwards medicine at the celebrated universities of Leipsig, Vienna, and Erlangen, at which latter university took his degree with honours as a doctor of medicine. He practised in different smaller places, and studying continuously, besides medicine, chemistry and mineralogy, he settled at last in the year 1789 in Leipsig. Here he published, besides a great *Pharmaceutical Lexicon*, a number of smaller essays on a great many medical subjects. He translated also the great work of Cullen on *Materia Medica*. All that time he had been studying the effects of medicaments, not only clinically on patients, but also physiologically on himself and a select few of his friends who volunteered for the experiments. In this manner he discovered his cardinal doctrine, that medicines in large doses, are apt to produce somewhat similar symptoms to those which in smaller doses they cure. The first medicine which led him to this discovery was *chinin*, and it is well known now that *chinin* taken by the healthy in large doses, produces first chilliness, followed soon by heat and headache. He embodied his theory—first in his fundamental work, *Organon of Rational Medicine*, now translated in all the principal living languages, and developed his doctrines more fully in his *Pure Materia Medica*, in six volumes, and *Chronic Diseases*, in five, besides a number of smaller treatises in Latin and German. Violently persecuted on account of his supposed heresy from orthodox medicine, in his native country, he left it, and settled in Paris, where, having married again at an advanced age, he died on the 2nd of July, 1843, not far from the 90th year of his life. After his death, the very people who reviled him when living, erected him statues—one on the market-place at Dessau, and another at Leipzig. Now, Mr. President, and Ladies and Gentlemen, I will carefully abstain from the vexed question, which is the best medical system? I do not think it right to debate it in an assembly composed greatly of laics, but you will allow me simply to enumerate Hahnemann's merits as a Reformer—merits which have been and will be acknow-

ledged by all candid minds to whatever school they belong.

1. Hahnemann was the first physician who broke loose from the fallacious doctrine that disease is an entity, which can be classified and ticketed as it were, which exists independently and in antagonism to the physiological functions, and which can only be combated by violent antagonistic proceedings. His theory, on the contrary, was that disease was only a modification of physiological action, which was impaired, but not annihilated; and that far from being able to put every disease as it were in a separate box and label it, the modifications are innumerable and vary in every individual. That we, in fact, can know disease only by the means of totality of the symptoms, and that we have to study all symptoms carefully in every individual case.

2. Hahnemann was the first physician who took pains to prove the physiological action of medicines before he used them therapeutically. Since his time, and particularly in the last twenty years, both schools have given great attention to this point. You have only to compare the excellent hand-books of *Materia Medica* of Dr. Sydney Ringer or Dr. Phillips (both belonging to the orthodox school, but both adopting a great many ideas of the other school) with their predecessors to be struck by the enormous difference.

3. Hahnemann was the first who set his face against the polypharmacy prevalent at his time, and he thus incurred, of course, the hatred of all chemists and druggists. He insisted upon the absolute purity of the medicine. He insisted, also, upon the necessity of avoiding mixing sundry medicines together. It is clear that this doctrine is sound. How is it possible that a physician can control the action of medicines when from half a dozen to twenty and more drugs are mixed together? Is the correct effect of medicines ascertainable in such a "leap in the dark?" Hahnemann's ideas on this point have now also been generally adopted by the profession, at least by the more prominent members of it, though occasionally in some remote country places we still meet with polypharmacists. An American tells a story how, travelling in the Far West, he was laid up with a bad cold, and after having been seen by the local surgeon, the latter returned in about half an hour, bringing a very large bottle of physic with him. "Here," he said, "that will cure you; it contains fourteen different drugs. You must take half the bottleful at once." The Yankee eyed the bottle with

suspicion, and then said to the astonished surgeon, "I calculate, doctor, you'd better drink half this bottle, and if it does not kill you in a quarter of an hour, I'll take the other half!" 4. Hahnemann was the first physician who tried to reduce the dose to the quantity absolutely necessary to produce curative effects. He did not try to kill flies with cannon balls, and he followed the precepts of the Persian poet, Mirza-Schaffy, which I beg to translate:—

The true wise man does not search far
Near things to handle;
Nor does his hand catch at a star
To light his candle.

Hahnemann's medicines were simple, sure and small. It is true that he carried his doctrine of dynamisation farther than his modern disciples; but who is bold enough to deny the curative action of small doses when he reads of substances like the one in a late trial, of which 1-20th part of a grain can kill a strong man in an hour or two; or if he takes into account the invisible and imponderable nature of miasmas which carry death in their essence. Can small substances do only mischief, and will you deny that they can do good? It is truly said that the greatest power in nature is the power of the small. 5. Hahnemann was the first physician who supplied medical men with a principle to guide them in the selection of medicines. Before his time medicines were selected empirically or on the authority of some medical writer of ages ago. A story is told of a young doctor in Germany who had to treat as his first patient a shoemaker who suffered from an attack of ague: he prescribed duly, and on his second visit found the patient, to his delight, much better; but his delight was modified when the patient told him that he had not taken the medicine, but that he had been eating sausages and sauerkraut, and that that had cured him. The young doctor sighed, but inscribed on his tablet, "Sausage and sauerkraut, capital for ague." As fate would have it, his second patient, a tailor, suffered also from ague. The doctor ordered him to eat plentifully of sausages and sauerkraut, but the poor tailor, what with the ague and what with the diet, soon breathed his last. The young doctor sighed again, but added in his notebook, "very good for shoemakers, but bad for tailors!" In reading some of the collections of prescriptions of the last century, one is reminded of the young doctor's notes—

they are quite as absurd. Hahnemann tried to furnish an unerring guide of selection. How far he succeeded, how far his *similia similibus curantur* has proved a true principle of selection I will not enter upon, as that is still a debated point, the opponents of Hahnemann saying that though his principle may be applicable in some cases, it is not applicable in all. This is the only difference which divides in the year 1882 the two schools of medicine. Lastly, I must mention that Hahnemann—though in that respect he only followed Hippocrates—laid great weight upon suitable diet. I need not tell you that modern physicians of all systems follow him in that direction too. It is told that a lady who went lately to London to consult a celebrated medical baronet, after detailing to him her sufferings, got the following short and pithy advice:—"Drink milk; drink milk, madam. My fee is two guineas." And if she followed his advice I am sure the money was well-spent. Such is a very short outline of medicine in the past. After the death of Hahnemann, many of the scientific branches of modern physiology, pathology, organic chemistry, &c., made immense progress, having improved greatly. Medicine also in its stricter sense made progress, though not quite so fast. Still the lancet got discarded and a good many mischievous theories were silently abandoned. At the present moment we are in a transition state. The old intolerance of new ideas has greatly died away. We have ceased to call each other fools or rogues, for no other reason but that the one gives a hundredth, the other a thousandth part of a grain of *arsenic* or *phosphorus*. The different success in treatment depends now less upon the theories which the physician holds, but more upon the qualification of the individual physician. Healing is not a science, but an art. The doctor, though he must learn a great many sciences connected with medicine, is not a scientist, but an artist. The ideal doctor must have all senses in perfection; ought to have the scent of a foxhound, the taste of Brillat-Savarin, the sight of Raphaele, the touch of Rubinstein, and the ear of Sims Reeves. He must read character like Lavater, have the memory of Macaulay, the quick perception of Dickens, and the cool judgment of the present Lord Derby. He must be conciliating, yet firm; *suavis in modo*, yet *fortis in re*; eloquent and silent in turns, sharp-sighted and blind, cheerful and grave; but above all,

he must be patient and full of sympathy with the suffering; he must be both chary and prodigal of his time, both with rich and poor. If, with all that, he is open to conviction; if he examines everything, and chooses the best; and if he is not troubled with the wind of vainglory, nor with the itchy palm of avarice, you are very safe to choose him, to whatever school he apparently belongs. But now, Mr. President, Ladies and Gentlemen, I have been historian long enough; let me try my hand at prophecy. You want to know what will be medicine and its professors in fifty years hence. I'll tell you, and I hope that all of you will be able to verify my statements. First—There will not be so many doctors in proportion to the population, because the health of the people, owing to the continued progress in sanitary science, will be better; because also the knowledge of simple remedies will be widely spread, and because the sanatoria—be it air, diet, or hydropathic establishments—will be greatly increased. 2. Patent medicines will cease to exist, as the State will at last be ashamed to derive income from a source which is worse than the opium trade. 3. Most fathers and mothers of families will study short manuals of the laws of health and of the physical education of children, which will be published cheaply by the then existing—I cannot tell you whether it will be Liberal or Conservative—Government. 4. Young ladies will also have to read such manuals, and those who object will be punished by having to wear stays. 5. The adulteration of food will be punished not by fines, as hitherto, but by imprisonment and hard labour. 6. No hospital will exist which will not have sufficient bathing accommodation, including vapour and Turkish bath. The bills for stimulants in hospitals will be reduced to a minimum. The ordering of the diet and treatment of the patient will be left to the doctor, and any aunt or cousin who recommends particularly some dish which she has heard from Mrs. A., who was told by Mrs. B., that it has done good to a distant relative of Miss C., will be banished from the bedside of the patient. 7. The State will acknowledge the services of doctors for saving life by giving them a pension when old or infirm in the same ratio as it pensions military men for taking life. 8. In the treatment of disease four great physicians will always be called to aid—Dr. Water, Dr. Diet, Dr. Air and Dr. Exercise. 9. Medicines will be given pure and only one at a time, or at

the utmost two in alternation. They will as a rule not be unpleasant. 10. The nature of every new remedy will be well studied before experiments on the sick are allowed. 11. The doctor of the future will be such a man as I sketched before, and not call his fellow-doctors names. 12. He will, in the words of the Reformers, clearly perceive what is to be cured in every individual case of disease. He will also clearly perceive what is curative in each individual medicine. He will know, according to clearly defined principle, to apply what is curative in medicine to what is morbid in the patient, so that recovery must ensue. He will know how to apply it, both in respect to the suitableness of medicine to each individual case, as also the easiest mode of preparation, and the quantity (neither less nor more) and the proper period of repeating the dose. He will also be careful to remove all obstacles which prevent a perfect recovery. The doctor of the future will study and note every individual case of illness and the symptoms of the corresponding medicines, so that the *Materia Medica* of the future will be a receptacle, not of time-hallowed fancies of a creed outworn, but of truth! *Magna est veritas et prævalebit.*

The truth an all-wise Providence intended
To be a blessing to mankind;
He did not bury deep, but slightly fended,
That any earnest search might find.

PROFESSOR JÆGER'S NEURAL ANALYSIS.*

By PERCY R. WILDE, M.B.

(Author of *An Analysis of the Involuntary Motions of the Hand.*)

If Professor Jæger's experiments are to be relied upon, the potency of the highest dilutions is demonstrated, physiological effects are to be produced by *smelling* the 2,000th dilution of *natrum muriaticum*, and these effects can be graphically recorded.

It is but little wonder that those who have placed faith in such dilutions should be elated. The *Homœopathic Physician* notices that a doctor has been speaking disparagingly of high dilutions, and it heads the article,

* Reviewed from Professor Manuel Græter's Paper in *Populare Zeitschrift für Homœopathie*. Translated into the *Homœopathic Physician* (Philadelphia).

“Has not heard of Jæger.” The *Homœopathic Physician* is fully convinced that if this scoffer *had* heard of Jæger, he would have mended his ways.

The conception which led Professor Jæger to institute these experiments was good. It is known that an interval of time elapses between any sensory impression and the motor act put forth immediately following it. This interval was shown by Helmholtz to vary in different people, and in the same individual at different times, dependent upon the condition of the nervous system. By means of the chronoscope this interval, which Professor Jæger calls “nerve time,” can be measured, and it occurred to him that if the time were taken before and then after some drug had been inhaled, the effect of the drug might be exhibited by an alteration of the nerve time. We know that Professor Jæger is fond of observing the effects of odours, but it is difficult to understand why in these experiments he only allowed the drugs to be smelled, and not administered in the ordinary way.

The mode of experimenting was as follows:—The subject presses his finger upon a key, which sets an indicator in rapid rotation. He is intently watching this indicator, and at the moment he sees it commence moving he withdraws the pressure, and so stops it. The distance travelled by the indicator represents the “nerve time.”

The extreme delicacy of this experiment is apparent. It is one in which a number of conditions may operate to cause error. In the first place, we must consider *the functional condition of the sensorium at the time of experiment in relation to internal causes*. This Professor Jæger met by taking the record of the person immediately before the use of the toxic agent. As his dilutions were all mixed with alcohol, he was careful also to try the effect of the alcohol alone before trying it in admixture with the drug. The second factor to be considered is *the condition of the sensorium in relation to synchronous impressions in point of number and intensity*. It will be understood that if the whole attention is fixed and ready to receive an expected impression, one kind of result may be produced; while, if the sensorium or intellectual centres are already occupied by impressions or sensations, another result may be expected, and this result will vary in proportion to the intensity of the synchronous impressions and the active or passive attention yielded to them at the exact moment

when the impression under observation is received. When the person is carefully regarding the dial, and his whole attention concentrated upon the indicator, his sensorium, as far as can be judged, is unoccupied and free to receive the single impression. But when this act of observation is united with the smelling of a substance, the sensorium is no longer unoccupied, and a different result may be expected. The operation of this factor appears to have been wholly overlooked by Professor Jæger.

When the substance was alcohol, the results were as follows: "With some persons they (the "nerve times") are considerably lengthened, with others they are shortened, or they move in a confused zig-zag up and down." This is precisely the result which we should mark in our laboratory book "nil." We want to know whether certain conditions produce a result, and then to ascertain the character of that result. If the same result persistently follows whenever we set up the same condition, we have some right to assume that the condition produced, and the result which follows, have the relation of cause and effect. But if there is no such persistency between the two factors, we learn that there is either some error in our experiment or that the supposed relation is non-existent. But Professor Jæger does not bind himself by the laws of enquiry, he simply asserts that the effects are the result of alcohol. If we grant this, it is difficult to conceive how we can continue experimenting with dilutions made with alcohol, for whether we find the nerve time retarded or accelerated, or it goes zig-zag fashion, it might equally be produced by the alcohol and not by the drug.

But this does not trouble Professor Jæger. Relying on mere assertion to prove that the first results were the effects of alcohol, he wants no other evidence to prove that the next results are the effect of the drug. He chooses *aconite* in the 15th dilution, and having produced a certain series of effects (?) on one person, he tries it upon another, and finds his result exactly reversed. But Professor Jæger is made of stuff that bears reverses calmly. This, he says, "proves that medicines act differently upon each organism." *The variation is in nature, not in Professor Jæger's experiments.* All the incessant vexations of experimental work are over, we have only to follow Professor Jæger's method, and we shall prove everything to our own satisfaction, and that, perhaps, of some intelligent American journals, who

appear to think that any proof is good proof which proves their own belief.

The third factor we should have attended to is *the influence of unconscious reflection in affecting motor results*. As Professor Græter says in his preliminary remarks, that "*the central organ of the will is the brain,*" he will hardly accept the correction when we say *that the volitional centre occupies one portion of the brain*. From the mode in which Professor Jæger's experiments were conducted, it is evident that he is either ignorant of the fact, or does not believe that there are intellectual centres which act automatically, and that these can produce or alter motor results without affecting the sphere of consciousness. Professor Jæger may have the most perfect confidence in his three pupils, but they are only reliable as far as their volition permits. In experiments where conclusions depend upon delicate motor results, the factor of unconscious reflection is always present, and can be only set aside by keeping the subjects experimented upon in entire ignorance of the nature of the experiment. When a person places his hand upon the Kyrograph, and promises not to use any muscular control over it, be he ever so honest in intention, providing that he knows the object of the experiment, we find on examining the tracing that he has, although unconsciously, tried to help or hinder the mechanical movements, and this we can demonstrate to him. In this manner we can read ideas passing in his mind of which he is completely unconscious.

Some thirty years ago, Dr. H. Madden, of Brighton, tested a number of drugs by means of an instrument called a magnetometer. This is a gallows-shaped arrangement, from the arm of which a ball is suspended by a fine thread; the operator places his finger on the upright support, and holds the substance to be tested in his hand. The ball then commences to swing in one direction or another, according to the nature of the drug. At least, so Dr. Madden thought, until it occurred to him to try the experiment without previous knowledge of the drug he was "testing." He now found that the ball did not swing in the same definite order as before, and he then discovered that the movements of the ball merely represented the results of reflections of which he was unconscious. He thereupon admitted the error of his first conclusion, and by pointing out this error he rendered an important service to

physiology—a service which after writers upon the subject have forgotten to mention. Dr. Madden was one of the first, if not the first, to point out that unconscious cerebral processes can set up motor results; since then the whole physiology of this subject has been extensively studied. But after all this, Professor Jæger proceeds to a series of experiments, very similar to those undertaken by Dr. Madden, and falls into Dr. Madden's first error; and although the results had nothing of the persistency which followed Dr. Madden's efforts, their variability constantly pointing out that something was wrong, Professor Jæger has failed to detect it.

He and his pupils knew the drugs they were experimenting upon, nor did they attempt to find whether the same results would follow from a repetition of the experiments without previous knowledge of the drug they were testing. Only in one case is there any pretence of such an experiment, and as in the very next experiment an exactly opposite result was produced, even Professor Jæger could hardly attach much importance to it.

It is because we know Professor Jæger to be a scientist of some reputation, that we cannot think that he seriously believes in his own experiments. He has taken a mountain of labour to very little purpose. If he really thought that the smell of high dilutions affected the nervous system, and this could be demonstrated by the chronoscope, nothing could have been simpler than for him to have selected four different drugs, and to have experimented with each of these upon twenty different persons entirely ignorant of their nature. If he had found a similar series of results follow each drug in even 60 per cent. of his cases, he might have concluded that there was some relation between the smelling of the drug and the "nerve time." So far as we can gather from Professor Græter's paper, there is nothing to indicate that these are to be considered as cause and effect, save the bare assertion founded on Professor Jæger's pre-conceived idea. If Professor Jæger seriously believed that his pupil Gohrum had such a highly developed sense of smell, "that he is able to distinguish this medicament (*natrum muriaticum*) in the 10th, 20th, and higher potencies, from alcohol without having recourse to the apparatus," Why did he not put it to the test?

We candidly confess that we *don't* believe in Herr

Gohrum's acute power of detecting odours which never existed, but we do believe that with such a man as Herr Gohrum to perform the experiments the apparatus was not needed; if he had been allowed to smell around and describe his sensations we believe the results would have been equal in value to those put forward by Professor Jæger. There is hardly a law of experimental enquiry which Professor Jæger has not broken, and homœopathy is unfortunate enough to have the results put forward as a "new discovery in its service." Professor Græter, in concluding his paper, says: "But to the adversaries of our cause who probably will endeavour to dispose of this discovery with theoretical reasoning, or with defamations of Professor Jæger's person, we will now exclaim, in Hahnemann's words, "*imitate it, but imitate it exactly.*" I think homœopaths will answer politely, but firmly, "*No thank you.*"

CARDIAC THERAPEUTICS.*

By E. WOOD FORSTER, M.R.C.S.Eng., L.S.A., Darlington.

CASE 1.

IN June, 1880, I was called to attend a young gentleman about fifteen years of age. I found that he had suffered for some time from intermittent pains of the left mammary region; that he complained of being soon tired—soon pumped out; that his breathing, too, would be inconveniently rapid after running or undertaking an ascent. There was also a history of nervousness, of being easily startled, of considerable timidity, and of calling out in sleep. His family is subject to hereditary renal disease; and upwards of two years before this time there had been, to my knowledge, albuminuria without organic disease. Now, the urine was clear and non-albuminous.

The functions of the liver and stomach were healthy. Examination of the heart showed absence of valvular lesion, but slight hypertrophy with energetic impulse, and pulsations about 100 per minute: an intense condition of cardiac irritability. There was not an actual intermission of pulse-waves; but it was very noticeable that a succession of stronger beats was followed by a succession of feebler ones.

* Reprinted from the *British Medical Journal*, April 15th, 1882.

In connection with hygienic influences, *digitalis* was administered on the 18th, five drops three times a day in half an ounce of simple water, and continued until the 30th June. To this time it had not "quieted the system"; but the neuralgic stitches of the mammary region were well, and the pulse-waves flowed more regularly. The cardiac irritability, with high pulse-beat and disagreeable nerve-consequences, still remained. On the 30th, three drops of *veratrum viride* were repeated three times a day in half an ounce of simple water. This treatment was most efficacious, so that in two or three days the medicine was ordered to be taken only once a day, or every other day, and was discontinued at the end of the fortnight.

I believe it would have been more therapeutically correct to begin at once with the *veratrum*. The general system of arterioles was healthy, and did not require to be interfered with. The indications were that the heart-muscle was the organ to which a remedy ought to be applied. It was not the regulating apparatus that was at fault, but rather the musculo-motor to which attention was to be directed. *Digitalis* therefore failed, because it is a musculo-motor stimulant. This was not required in such a case as I have just described.

Veratrum "diminishes the force of the heart-beat by a direct influence on the cardiac muscle" (Wood)—I presume through the musculo-motor ganglia. And the advantage of the small dose is that, firstly, we so use our remedy that its influence does not extend to other organs, but is expended on that organ which, being diseased, most sensitively feels its therapeutic power; and, secondly, we keep clear of inducing any disagreeable effect on the patient: and thus, by keeping well within the therapeutic dose, we can effect a "safe, speedy, and permanent cure, whenever a cure is possible."

CASE 2.

On May 18th of last year, I was consulted by a lady of about seventy years. She came panting into my room, with livid lips, dilated nostrils, and a bumping heart. There was evidence of an obstruction of the liver, with some stomach-derangement, and scanty urine, containing urates, but non-albuminous. There had been for a month œdema of the right leg. There was mitral disease (said to be hereditary), rapid cardiac action, pulse 90, palpitation,

intermission, and a short dry cough. Undoubtedly the heart was primarily at fault; but its condition was aggravated by the obstructed state of the hepatic system, the consequence of its own incompetency. By the third day, these obstacles were removed: the colour and odour of the evacuations became natural; and the urine increased in quantity under small doses of mercury.

Attention was now entirely given to the heart, and tincture of *spigelia* (Savory and Moore's) was administered. This is a powerful remedy in suitable cases; to this I can testify. (See Phillips; also Sharpe in *Practitioner*, May, 1878, p, 331.) It was given because of its special action on the heart. The kidneys, acting well, did not require the subordinate action of *digitalis*. Likewise, the rapid irritable state of the cardiac muscle seemed to imply nervous excitement; therefore the exclusion of *digitalis*. However, *spigelia* failed to relieve, in five-drop doses thrice daily, the cardiac oppression and its concomitants. Why did it fail? Therapeutically, it was a wrong remedy. The small dose kept up the force and frequency of the heart's action. It probably acted as a stimulant to the accelerator nerves, and tended to increase the venous congestion. If I had given large doses, I might have considerably lowered the pulse; but then *spigelia* at the same time physiologically produces palpitation, with strong beating.

On the 25th, the cardiac agitation, dyspnoea, and hot dry skin pointed, with no uncertain indication, to *aconite*. One minim of Fleming's tincture was given in half an ounce of simple water thrice a day. Its efficiency was quickly apparent. In the course of a week, there was amelioration of all the symptoms; and when I saw the old lady on July 4th, she was well and jocose.

"The method by which the *aconite* influences the heart is not certainly settled" (Wood). Therapeutically, in small doses, its beneficial influence is exercised through the cardiac ganglia. The hot dry skin was an important indication of treatment. *Aconite* being known to dilate the arterioles, and to "increase the capacity of the vascular system" (Ringer), promotes perspiration and relieves congestion. Thus we obtain, in addition to the direct action on the cardiac ganglia, a powerful drain to the surface.

In weighing the probabilities between *veratrum* and *aconite* in a case of cardiac disease, we should deliberately

consider the totality of symptoms present in the particular case. In the former case, *veratrum* was chosen, because of its direct effect on the heart *only*. The kidneys were acting normally; the skin also was normal; and temperature was normal; therefore, to have given *aconite* in such a case would have been a needless waste of *aconite* influence, and might possibly have produced a feeling of increased lassitude. In the latter case, *veratrum* would not have touched either the kidneys or the skin. As *aconite* embraced these within its beneficial range, it was emphatically *the* remedy, and did not require the clumsy expedient of combining with it spirits of nitre, or potash acetate, to effect that which it was quite capable of doing alone.

The advantage of the single medicine is its simplicity, and its accuracy in operating *only* upon the diseased organ in proper therapeutic dose, which must be far removed from the physiological one.

If a medicine have a special action upon a special organ or part in health, so it would seem very desirable and judicious to administer that particular remedy in disease of that same part which appropriates the remedy in health. But we must bear in mind, as a clinical fact, that the tissues in disease are much more sensitive and responsive to the action of a drug, so that the dose to be then therapeutic must be small.

REVIEWS.

The Human Ear and its Diseases. A Practical Treatise upon the Examination, Recognition and Treatment of Affections of the Ear and Associate Parts, prepared for the instruction of students and the guidance of physicians. By W. H. Winslow, M.D., Ph.D., Oculist and Aurist to the Pittsburgh Homœopathic Hospital, &c. New York and Philadelphia: Boericke and Tafel, 1882; pp. 526.

THE first thought suggested by the perusal of this handsome volume is the immense amount of research which has been brought to bear upon the study of diseases of the ear within quite a limited period. But little more than forty years ago the ear was the happy hunting-ground of the quack. Little was known of the physiology of this valuable and delicate organ, scarcely anything of the pathological changes to which it was subject, and absolutely nothing as to the means best adapted to

modify these changes. At this time the "aurist" of the day was one Curtis. By the free use of all the arts which the quack knows so well how to exercise in bringing the hopelessly infirm within his grasp, this man, perfectly ignorant of the diseases he pretended to cure, amassed an enormous fortune in London. On one occasion—as related by Mr. Clark in the *Medical Times and Gazette* some years ago—he went out of his ordinary beat, and undertook to read a paper on aural surgery before the London Medical Society. Among his hearers was a young surgeon, who was seeking a field for practice. Well instructed in anatomy and physiology, Curtis's utter ignorance of his subject made a deep impression upon young Toynbee's mind. The conclusion expressed by him to a friend was to the effect that if this fellow, knowing nothing whatever about the ear, can make such an income as he is doing, what cannot I do if I devote myself to the study of its anatomy, physiology, and pathology? From that moment he set to work, and at St. Mary's Hospital commenced the series of researches into aural pathology which formed the basis of most of our present knowledge.

During the forty years which have since elapsed the province of aural surgery has so expanded as to require, for its full elucidation, a work so ample as that which lies before us. Had we no other illustration to offer, this alone would suffice to demonstrate, not only the progress of surgery during the last few years, but also the immense amount of industry and skill which have been devoted to its study.

Dr. Winslow brings to bear upon his subject a large experience, gained both in hospital and private practice. We are, therefore, prepared to expect a very full account of the various diseases to which the ear is liable, as well as the resources provided by art for encountering them. Neither are we, so far, disappointed.

Beginning at the beginning, Dr. Winslow gives us a clear description of the anatomy and physiology of the ear, and then proceeds to lay before his readers a very full account of the methods of examining its physical condition. He next passes to the consideration of the morbid processes which constitute the diseases of the external, middle, and internal ear. In these chapters, which constitute the especially practical portion of the work, Dr. Winslow displays an intimate knowledge of his subject, and not only so, but he communicates it in a manner which shows him to have considerable power as an instructor.

The operative, or surgical part of his work, is much better done than that which relates to the use of drugs. The former is full and complete, while in the latter he is too much given to naming half-a-dozen or more medicines, and directing the reader

to compare them. In some instances he points out the *differentiæ* which should guide the surgeon in his selection, but this could have been done much more freely with advantage. It is quite true that the ear symptoms of many medicines are few, and, in some instances, not very reliable. But much may be accomplished to fill up the void thus left by studying the actions of drugs on analogous structures, and noting their operations upon them. Further, very many of the diseases of the ear, which are particularly amenable to medicinal treatment, are dominated by some special constitutional diathesis to which medicines have, from their general action, shown themselves to be homœopathic.

Dr. Winslow, it may be added, looks forward to much therapeutic help in the future from electricity; and mentions several conditions in which it may be expected to be serviceable. We doubt not but that in a future edition he will be able to enlarge much on the adaptation of this potent force to remedial purposes.

As a whole the work is one which may be studied with great advantage by all, be they specialists or general practitioners. It is full of information, and abounds in useful, common-sense suggestions for practice; and we trust that when Dr. Winslow comes to revise this first edition, he will be able to render his indications for the use of medicines both fuller and more precise. No one, we are sure, is more competent for this work, and few have better opportunities for performing it.

A Treatise on the Medical and Surgical Diseases of Women, with their Homœopathic Treatment. By MORTON MONROE EATON, M.D. Boericke & Tafel.

We owe our apologies to the author of this work for not having noted it sooner, and it deserves more than a few passing words of approval.

In the first place we must note that this book bears the evident impress of the author's individuality, that it is the legitimate product of his own brain, the result of his own experience and thought, and that where he does quote from others he honestly prints it in inverted commas. This in itself is no praise, but unfortunately we have had several systematic works published by homœopathic practitioners in America in which the only work of the author seems to be the jumbling together at the end of each chapter, or section, of the names of a number of medicines, and a request to refer to the *Materia Medica* to find their indications. Such works are a standing reproach to homœopathy. We are glad to notice Dr. Eaton's work as an exception. But it deserves much more than mere negative praise, it is a solid practical work,

and is very evidently written by a man who works hard at his profession, is an enthusiast at his own speciality, and has a profound belief in himself and his practice—a belief, we fancy, in which all good practical men share.

The subjects treated of embrace fairly exhaustively all the diseases of women which are likely to be met with in general practice, and include some which are usually left to obstetric works, such as the vomiting of pregnancy, puerperal fever and mania, phlegmasia, &c.; but this we think a decided advantage, for all gynecologists include abortion, extra-uterine pregnancy, and premature labour as legitimate subjects for their treatment and treatises, and as the same accidents are liable to follow or precede these as the delivery at full term, it seems unnecessary to separate them.

Dr. Eaton appears to have been so anxious to treat exhaustively of each subject which he announces at the head of a chapter or section that we constantly find him repeating himself, and the book is in this way considerably lengthened. This makes it all the more valuable as a book of reference, but is a decided objection to it as a systematic work to be studied as a whole.

For example, we have chapters on "Inflammation of the Female Genitalia," and "Metritis" on pages 60-87. Then we get chapters on "Cervicitis and Endo-cervicitis," "Endometritis," and "Leucorrhœa," on pages 211-249. And again, "Catarrh of the Uterus and Vagina," on pages 880-885. While, still further on, he gives us a chapter on "Sympathetic effects of Diseases of the Uterus and its appendages" on pages 472-490; all of which subjects necessarily go over much of the same ground, and by a re-arrangement of chapters and bringing together the different parts of the same subject they might be not only very much condensed, but improved, although each of these chapters is good in itself, and when used for reference would be found most useful. The surgery of the book is very complete, and well described; Dr. Eaton having evidently performed most of the operations he recommends, though he, somewhat unnecessarily, quotes from others accounts of operations which he has neither done nor seen, and which he disapproves of.

We notice, with much pleasure, that he entirely discommends the use of caustic applications to the uterus, and, except in rare cases, of all forms of vaginal pessaries; when he does recommend one it is usually the inflated air bag. The inter-uterine stem he sternly condemns, and in this we cordially agree with him.

His descriptions of the various diseases are very good and often forcibly written, and will give much help to students and young practitioners who refer to the book for diagnostic aid.

His etiology is in some cases peculiar, as for example, that moles are often the result of imperfect impregnation, through the use of a syringe after copulation, whereby only one or two spermatozoa were left to find their way into the womb. But his strongest idiosyncrasy of opinion (if one may use such a term), is in connection with the pressure of the intestines upon the pelvic organs; and as he bases a special treatment upon this, it is only fair to give his own words on the subject as fully as we can to do him justice. This is what he says:—

“It is easy to see how women, by compressing the upper portion of the abdomen with corsets and dragging it down with the weight of clothing worn by many fastened about the waist, have pressed the intestines down upon the uterus, and thereby displaced it. Now, if the physician forcibly replaces the organ and presses it upwards with pessaries in the vagina, the uterus is placed between two pressures, one from above, another from below. This double pressure would likely produce a *flexion* or cause inflammation. Now, it has for many years appeared to me to be a rational and philosophical practice to lift up the abdominal viscera by some means, and give the uterus room to occupy its normal position.”

“Dr. Emmet seems nearly to have grasped the idea, which I had already published in 1878 in the *Cincinnati Medical Advance*, viz., The influence of atmospheric pressure in maintaining the uterus *in situ*. He says: ‘I often give my patients instructions to assume the position on the knees and elbows at night, and to open with the fingers the outlet of the vagina while in this position, so that the uterus may be carried well up into the pelvis by atmospheric pressure.’ Well, why not open the vagina while the patient is erect? Does not the atmosphere press with as much force upwards as downwards? Now, it is clearly the result of taking off the weight of the abdominal viscera by the knee-elbow position that enables the atmosphere to act so forcibly upon the uterus in its replacement; but he gives no hint of this, nor does he or anyone else mention that lifting off the abdominal viscera by position, causing them to draw away from the pelvis, thereby creating a partial vacuum in the lower abdomen, is the main cause of such favourable results from atmospheric pressure. I therefore claim this idea of the production of a partial vacuum by lifting up the abdominal viscera, in connection with atmospheric pressure as a support to the uterus, as original in the treatment of displacements.”

“How to accomplish this is the next question. An improvement of the ‘London Abdominal Supporter,’ which I have had made by Max Wocher and Son, of Cincinnati, I find the most desirable, except in cases of extremely pendulous abdomens, when the silk elastic band is preferable.”

He gives us a plate of this belt, and after describing how it is put on, and laying special stress on the necessity for making it fit tightly at the lowest part of the abdomen and loosely at the upper, so that it shall be an abdominal *supporter* and not a *compressor* and saying that at the same time all corsets must be discarded and the clothes hung from the shoulders instead of from the waist, he goes on, "Conjoin with this, the insertion into the vagina during the day, for an hour or two, of a round speculum, having the knees widely separated, with the patient reclining. This makes up the plan of treatment which I have successfully followed for about twenty years, using means to replace versions, flexions, and prolapse."

Such then are Dr. Eaton's views on this subject, and we accordingly find the use of such a "supporter" recommended, combined with other treatment, in all displacements, and in nearly every chronic disease within the pelvis.

We think it must be admitted that the theory is in itself sound, the question being whether it is possible to carry it out by the means suggested. In the first place, it must be remembered, that all abdominal belts, whether we call them "supporters" or not, have only one fixed point of resistance, viz., the lumbar and sacral spine, so that all pressure, whether made higher or lower, must be from before backwards, and, except in unusually pendulous abdomens, which overhang the pubis, can hardly be converted into an upward pressure.

Secondly, it is difficult to see how, in a normally made woman, except when in the sitting posture, the abdominal viscera can make any direct pressure within the pelvis; still, as most women are in the sitting posture a great part of the day, this may be allowed to pass. It remains, however, that Dr. Eaton, with a large and extended experience, places more confidence in this than in any other part of his treatment of chronic pelvic derangements, and as such we commend it to our readers' consideration or criticism.

The application of atmospheric pressure by the daily use of a speculum for an hour or two at a time is quite new to us, and certainly does not recommend itself at first sight from a practical point of view.

In discussing Amenorrhoea, Dr. Eaton calls attention to the fact that sufferers from this disease are frequently attacked with congestion of the lungs, to such an extent as to be mistaken for phthisis and treated accordingly, and later on he says that he has always met with a condition of deficient or absent catamenia in true phthisis. It is to be regretted that he does not elaborate his remarks on this subject and tell us how to diagnose between these two classes of cases we may meet with; we presume the chief factor in coming to a conclusion would be whether the

uterine or lung symptoms appeared first, but a careful examination of the lungs ought to tell us whether there was true tubercle or a simple congestion to deal with. This seems to be a very important suggestion, but we cannot recall any cases bearing upon it in our own experience.

The absolute necessity of determining the cause of menorrhagia and the distinction between it and metrorrhagia are forcibly laid down; but we are surprised that among the means for arresting it, while he mentions the use of cold vaginal injections, which are very apt to be followed by unpleasant reaction, he omits altogether hot-water injections, which have been well proved now to be, not only very efficacious, but less harmful than most local means.

He also recommends giving three or four doses of *secale* ϕ , \mathcal{M} xx for a dose, to be taken in warm water, but omits the much more powerful subcutaneous injection of *ergotine*. He, however, adds another to our list of medicines for this condition in the *viburnum prunifolium*, which he declares to be an efficient remedy for true menorrhagia in the 1x dilution "given in teaspoonful doses." Surely there is something omitted here. We are not in the habit of giving our dilutions, even the 1x, in drachm doses! We presume he means two or three drops in a teaspoonful of water.

The chapter on dysmenorrhoea is somewhat disappointing, both from a pathological and therapeutic view.

Dr. Eaton commences by limiting the term to true uterine pains of an intermittent character, and further gives it as his opinion that they almost always depend upon flexions or stenosis.

Yet he admits further on that there is generally an unhealthy condition of the endometrium, to which, besides the mechanical straightening and dilating of the canal, he mainly devotes his treatment; and this we regret to say he does chiefly by local applications of solution of *iodine*. Hence we are not altogether surprised that he omits all mention of the use of *gelsemium*, *caulophyllum*, *anthoxylum* and other medicines which might probably save him and his patients the necessity of so much surgical treatment.

He deliberately excludes, on what grounds we cannot understand, cases of ovarian neuralgia occurring at the menstrual periods, and makes no mention of uterine neuralgia, while he believes uterine congestion or inflammation to be practically unknown except as a consequence of mechanical obstruction.

He, however, makes passing allusion to the pain caused by chronic ovaritis at the menstrual period, and gives us a rheumatic variety of dysmenorrhoea with *cimicifuga* as its most probable remedy.

Dr. Eaton would seem to find the local application of *iodine* a

most efficient stimulant, as he recommends its use in varying strengths in all the chronic inflammations of the mucous lining of the uterus and cervix, and also for injection, after evacuation, in all cystic tumours, whether ovarian or labial, and in all abscesses which have definite walls. He also describes two cases of what he considered hypertrophy and induration of the ovary, the result of ovaritis, in which he was able completely to disperse the tumours, though of considerable size, by the use of *iodine* and its compounds with *merc.* and *ars.* internally, combined with frequent painting of the whole of the abdomen with *tr. iodine*. If the success of this treatment is confirmed on further trial, it will be a most valuable addition to our therapeutic resources. The local application of *iodine* to the uterus certainly is a great improvement upon the caustic applications of the old school, inasmuch as it produces absolutely no pain, and being at the same time a stimulant to healthy granulation, it may often prove of great service; for though we must always keep the ideal before us of being able to cure all diseases, outside pure surgery, by drugs alone, yet there are few, if any, of us who yet feel able to discard all local treatment in chronic uterine disease.

We could have wished that Dr. Eaton had been able to give us more help in the homœopathic treatment of the diseases of women; but, though he undoubtedly practises homœopathy in nearly all cases where he gives medicine, he is evidently more of a surgeon than a physician, and there is a marked, though rather unaccountable, absence of reference to the American indigenous plants, on which we in this country have learned to rely with great confidence. In spite, however, of its deficiency in this respect, it is much the best book which has yet been published on the subject in which homœopathic treatment is recommended at all, and it will rarely be consulted without some useful suggestion being found, though it leaves a wide field for future workers to till in the special department of therapeutics.

We cannot conclude without giving a well-deserved word of praise on the get-up of the book. It is well printed in bold type, on good paper, and is profusely illustrated with very well executed wood-cuts, which add considerably to its value.

Insanity and its Treatment. Lectures on the Treatment of Insanity and kindred Nervous Diseases. By SAMUEL WORCESTER, M.D., Lecturer on Insanity, Nervous Diseases and Dermatology, at Boston University and School of Medicine, &c. New York and Philadelphia: Boericke and Tafel.

THIS volume presents us with the course of lectures delivered by the author, at the Boston University. Without making any

pretensions to originality, and while drawing largely on his predecessors in authorship on this subject—"several hundred volumes," we are informed in the preface, "have been consulted,"—Dr. Worcester has provided us with a very useful work of reference in the diseases concerning which he has discoursed. His description of the various forms of mental disease are accurate and clear, and the various indications for homœopathic treatment are reliable; while the clinical illustrations he has gathered from the Middletown Asylum and elsewhere are interesting and instructive.

There is no form of disease in which medicinal treatment is more discredited than it is in such as is mental. Save for palliative purposes, drugs are but rarely used in our large asylums. The Homœopathic Asylum, at Middletown, has, under the able superintendence of Dr. Talcott, done much to show that medicines prescribed in direct specific relation to the form which the mental disease presents are useful in promoting recovery. We cannot too strongly urge upon those who have the care of insane patients, the duty, and as we believe, the advantage of supplementing the ordinary routine of nursing, dieting, and watchfulness, by appropriately, that is to say, homœopathically selected medicines. In so doing, Dr. Worcester's lectures will be found of much service.

MEETINGS.

THE LONDON HOMŒOPATHIC HOSPITAL.

THE thirty-second annual general meeting of the Governors and Subscribers of the hospital was held in the board room of the hospital, on Thursday afternoon, 27th April, 1882, at three o'clock. In the absence of the Lord Ebury, the chair was taken by Major Wm. Vaughan-Morgan, who was supported by Sir James Alexander, K.C.B., Mr. F. Rosher, Mr. Sclater, Mr. Boodle, and Mr. Alan E. Chambrè. Among those present were—Mr. Cameron, Dr. Hughes, Dr. Yeldham, Dr. Dyce Brown, Dr. Pope, Dr. Matheson, Mr. Higgs, Mr. Tate, Dr. Burnett, the Rev. Dacre Craven, Dr. Blackloy, Dr. Carfrae, Dr. Moir, Dr. Clarke, Dr. Cooper and Mr. Wyborn. Several ladies were also present.

The Rev. DACRE CRAVEN (the Chaplain) opened the meeting with prayer.

The minutes of the previous meeting having been read and confirmed, the annual report was presented by Mr. CHAMBRÈ.

The Board of Management commence by noticing as—

"The principal event marking the hospital year just closed has been the reconstruction of about two-thirds of the east wall

of the hospital—that abutting on Powis Place—and the consequent alterations of the wards on that side of the building. In June last, a portion of the east wall was suddenly discovered to be bulging outward, and a very careful inspection, carried out under the directions of the honorary architect of the hospital, disclosed the fact that the state of the wall generally was so serious that it was absolutely necessary to re-build a very large portion of it.

“A committee, consisting of some members of the Board and several medical men called together to consider the matter, decided that it was desirable to take advantage of this opportunity to abolish some cumbersome and very inconvenient party walls dividing the wards on the two floors chiefly affected, and thus to throw into one two wards on each floor. The advantages gained by this measure are greatly improved ventilation and light; much greater facility in carrying out the nursing duties, and at a less cost; and a very marked improvement in the appearance and general character of the wards.”

Notwithstanding the necessity for closing the wards during the six months occupied by their alteration, the total number of patients received during the year was three in excess of the previous year.

The presentation to Lady Ebury of the portrait of the Chairman of the Board—Lord Ebury—which may now be seen on the walls of the Royal Academy—is next noticed. The regret of the Board at the death of the noble President of the hospital—the Earl of Wilton—is then expressed. The Governors are also congratulated that Earl Cairns has signified his pleasure at accepting the office thus rendered vacant.

We now come to the important subject of expenditure, on which the following remarks are made:—

“The question of the expenditure of the hospital has continued to occupy the very careful consideration of the Board throughout the year, and economies have been effected wherever found practicable. It is partly due to this circumstance, and partly to the fact that the total number of in-patients has been less, that the Board have been enabled to pay, not only the expenditure proper to the year, but also to repay out of income the sum of £400 due to the Treasurer, and yet to show on the current account at the bankers a balance of £44 6s. 2d. with which to commence the new year.

“If there should be no falling off in the annual subscriptions and donations for the ensuing year, the ordinary income will, it is estimated, suffice to maintain a daily average of between fifty and sixty in-patients; but to keep filled the seventy-one beds now accommodated by the hospital, would necessitate a very large increase of income.

"The permanent income of the hospital has been benefited in the course of the year by a legacy of £500 from the late Mr. Luxmore, and a legacy of £100 from the late Dr. Ruddock; but, on the other hand, the sum of over £900 is required to defray the special expenditure referred to in the opening paragraphs of this report. The deficit so created in the reserve fund will, however, be more than made up by three legacies, of which due notice has been received, but which have not yet been paid to the hospital: one of £1,800, another £1,000, and the third £50,"

The changes which death, and the resignation of Mr. Williams—who has occupied a seat at the board for 27 years—are next noticed, as are also the retirement of the honorary solicitor, Mr. Rosher, and the appointment of Messrs. Gedge, Kirby, Millett and Morse—the solicitors to the Quin bequest trust—in his stead.

The abandonment of the scheme for receiving "paying patients," the introduction of vaccination with calf-lymph, the setting aside of a ward on the top floor of the house for the reception of cases whose infectious character has developed after their entrance into the hospital, and new arrangements to contend with the possible accident of fire, are then severally referred to.

The dramatic performances last year produced £108 to the funds. Mr. Pite, the honorary architect, has presented a set of plans of the hospital, including the new drainage.

After presenting their thanks to donors, the medical staff and the lady visitors, the concert given in the board room to the patients by Lady Ida Low and the members of the Kyrle Society last March, and the annual Christmas Tree entertainment, the following statistical particulars are furnished:—

- a. The *Ordinary Receipts* for the year 1881-82 (see Appendix) as compared with the previous year were as follows:—

1880-81	£8,757	18	8
1881-82	8,528	10	11

- b. The *Extraordinary Receipts* were:—

"Thalian" Dramatic Performance	£108	0	0
Legacy	618	12	10
	<hr/>		
	£726	12	10

- c. The *Expenditure on account of Ordinary Income* has been..... £8,840 7 9

The <i>Expenditure on account of Extraordinary Expenses</i> (as stated in paragraph 15).....	985	14	4
----------------------------------------------------------------------------------------------	-----	----	---

- d. The Annual Subscriptions amounted
in the twelve months to £1,453 0 1
showing a *falling off* on the pre-
vious year of £29.
- e. The Donations during the year to... £248 17 4
or £247 *less* than in 1880-81.
- f. The Registration Fees amounted to £827 7 0
or £55 *more* than in the previous
year.
- g. The Nursing Fund Receipts to £629 10 0
and, after deducting the Cost of
the Nurses, a *net profit* of £197
has been available for the General
Expenditure of the Hospital.
- h. The working Expenditure of the
Hospital for the year 1881-82 was £8,340 7 9
or £27 *less* than for the preceding
twelve months.
- i. The Invested Funds of the Hospital at the 31st
March, 1882 (See Appendix C.), exclusive of the
Hospital Premises and Furniture, and the Free-
hold House, No. 1, Powis Place, consisted of :—
- | | | | |
|-------------------------|--------|----|----|
| Consols | £1,578 | 4 | 9 |
| New Three per Cents.... | 4,757 | 17 | 10 |
| Total | £6,336 | 2 | 7 |
-
- k. The total number of In-Patients treated
in the Hospital from 1st of April, 1881,
to the 31st of March, 1882, has been ... 487
while in the year immediately preceding
the number was 484
- l. The total number of Out-Patients during
the year ended 31st of March, 1882, has
been 7,467
while that for the year 1880-1 was 6,217
-
- showing a *marked increase* of 1,250

The report was, at various points, warmly applauded.

Major VAUGHAN-MORGAN in moving the adoption of the report, said: Ladies and Gentlemen, I am sure that all present to-day regret very much the absence of our noble Chairman, and none more so than myself, who, very unworthily, has to take his place. I am happy to inform you, however, that his Lordship's absence is not caused by any serious bodily ailment, but simply from

weakness of sight. We have received from his Lordship a letter, which it will gratify you if I read :—

“ Dear Mr. Chambré,

“ There is, I regret to say, no chance of my being able to be present at our anniversary. The report which you have sent me reads pleasantly and encouragingly, and I hope all will go off well. I am sorry we have lost Mr. Rosher; it was quite a familiar name amongst us. Equally I regret also what I suppose is the compulsory retirement of Mr. Williams. Earl Cairns is a considerable reinforcement. Mr. Pite does us great service.

“ Yours faithfully,

“ EBURY.”

After noticing the presentation of Lord Ebury's portrait, Major MORGAN referred with regret to the failure of the plan of receiving paying patients, and proceeded to speak as follows :— Well, now, as to the alterations on which we have spent so much money, and for spending which we shall ask your sanction to-day, the most cursory observation will show you that they are manifest and very decided improvements—(hear, hear)—and the Board only wish that the Governors and Subscribers who have not already done so would come and see these alterations. Dr. Yeldham, who has recently been urging the necessity of a new hospital, is now *nearly* of opinion that a new hospital is not requisite. (Laughter.) In former years the Board used to look to public dinners as a means of increasing the income of the hospital; and the Board had decided to organise a festival dinner this year, in lieu of the annual dramatic performance; but in consequence of the very great difficulty of organising the matter, and from other circumstances, it was found that for this year, at all events, a dinner could not take place. Meanwhile, the usual dramatic performance had been put off. Just then Dr. Kennedy wrote to our official manager to say that some friends of his were preparing an amateur dramatic performance in St. George's Hall, and had resolved to devote the proceeds to the hospital. (Cheers.) Well, that took place at the beginning of the present month, and it is expected that when the expenses are paid, the sum of £20 or £80 will be at the disposal of the hospital. (Cheers.) I was recently present at a fancy costume ball at the Albert Hall, in aid of a self-supporting hospital with which I am connected, and this morning I have received a statement of the financial results, which amount to £150. I do not know whether it would be possible for us to have such a ball. Perhaps some of the younger medical men may see their way to assist in such an endeavour, as these public efforts not only give material assistance

to the hospital funds, but they go far to bring the institution prominently before the public, and therefore benefit it in that way. You have already learned from the report and from the public papers of the death of our President, the Earl of Wilton, an announcement which everybody received with profound regret. You can easily understand how difficult it is to find a suitable successor to such a noble man as the late Earl, but we have been very fortunate in inducing the Earl Cairns—(cheers)—to accept the vacant post. Earl Cairns is a very firm and consistent friend to homœopathy; he stands very high in public opinion, and is likely to stand even higher. Therefore the friends of the hospital are to be congratulated on his Lordship's acceptance of that appointment. Turning to the income of the hospital, we find that, as compared with the income of last year, there are certain losses, but that on the whole the current income has increased. (Cheers.) We have lost, principally through deaths, something like £80 in subscriptions alone, including the generous subscription of the late Earl of Crawford and Balcarres, which amounted to £85 a year. We have, however, no reason to complain of want of munificent support, and that amount has been practically made up; thanks to the zeal and activity of our staff.

One generous nobleman now gives us not less than £250 every year. (Applause.) Then there is Miss Durning Smith, whose name is quite a household word with us—(applause)—and in recognition of whose munificence we have named a ward "Durning." That lady, as you well know, gives us £210 every year—(applause),—and has written two letters to the Official Manager, which I am sure you will be glad to hear. In the first letter she says: "Will you kindly convey to the Board of Management of your hospital, on my behalf, my acknowledgment of the great compliment they have paid me in naming one of the wards 'Durning,' in commemoration of the gift of the 'Durning Beds.' I think it must be a proof that the beds have been of service to the hospital. I intend to send you a cheque regularly in January until the beds are endowed—(applause)—and should be obliged if, at the beginning of next year, you will send me a report of the cases that have occupied the beds during the past twelve months." Well, at the beginning of this year a report was sent, and gave Miss Smith so much satisfaction that she wrote the following: "I was much pleased to receive the report of the cases treated in the Durning Beds during 1881. The result seems to me highly satisfactory. The case of 'Tabes Mesenterica' is most remarkable, and shows what a valuable help in the treatment of disease homœopathy is. The cases of 'varicose ulcers' in leg and of 'paralysis' are also most interesting and satisfactory. Will

you kindly tell Dr. Scriven how much interested I have been in his report." (Applause.) So that this generous lady is quite satisfied with the use which has been made of the beds she has placed at the disposal of the Board.

This does not end the list of generous benefactions. We have recently received a subscription of £25 from Mr. and Mrs. Gibb, of Canada, friends of Dr. Matheson, who desire to establish a Cot in the Children's Ward, to be called the "James Torrance Gibb" Cot, in memory of their recently deceased child.

Turning to our reserve fund, we are about to increase that by several very acceptable legacies. There is one of £1,800; another of £1,000; and a donation from Mr. Cohen of 50 guineas. (Cheers.) The result of this will be, that while we shall have spent £2,028 in structural alterations to the hospital, we shall receive £2,858, so that we shall be something like £800 better off than when we began these improvements, which really almost amount to a re-building. It is also interesting to know that at the present time we have 72 beds in the hospital. Of these 40 are at this moment occupied, and consequently we have room for more patients, and every prospect of funds to maintain them.

The question of the Nursing Institute continues to be regarded by the Board with great interest. We have established a school for nurses, so that medical men may send for them and may rely upon receiving efficient and careful nurses. We have now twenty-one nurses on our staff; the establishment at present requires ten, and therefore we have eleven we can send out to nurse invalids at their own homes. The Nursing Institute is intended to aid the annual income of the hospital, and would be a source of great profit if the nurses were constantly employed. Those who are sent for always give the very utmost satisfaction. A few days ago I saw at St. Leonards a nurse who was trained in this hospital, and who has taken charge of a small hospital there, and I never heard a person more highly spoken of. This is the general testimony as to our nurses—(hear, hear)—and I can only say that we are prepared to keep an even larger number if the demand can only be increased. I will not detain you longer with any remarks of mine, but will simply move that the report which we have heard read be adopted. (Cheers.)

Dr. DYON BROWN said he had much pleasure in rising to second the adoption of the report, which, he thought, they must agree in thinking satisfactory in every way, especially in reference to the increased and improved accommodation for sixty patients in the wards. As to the nurses, his own experience of them was that they are most admirable nurses, and gave the greatest satisfaction to the patients and the patients' friends, and

their efficiency and other qualifications reflected the highest degree of credit upon the power of choosing the right women which was displayed in their selection. With regard to the paying patients, one reason that the experiment was not so successful at this hospital as it appears to be at St. Thomas's was that the cases obtained were mostly of a chronic character. When acute cases came in the results were always more satisfactory. They do well, and do credit to the hospital. In chronic cases the patients invariably had been a great deal coddled at home. It was impossible that they should have the same amount of coddling at the hospital, and it was not desirable either. Very often the patient would expect to find a nurse set apart to be always at his or her beck and call. A majority were such cases as do no credit to the hospital, and it often ended by their finding a great deal of fault. On the other hand, the acute cases did the hospital much credit, and the patients spoke in the highest terms of the treatment they received. Regarding the alterations made in the wards, all who had seen them must agree that they were great improvements; the wards were now more light, airy, and well ventilated than ever. One very great improvement was the ward set apart for infectious cases. Do what they might cases would occur in which the patients, not received as infectious, would develop into infectious cases. That was a very serious matter—(hear, hear),—and he was glad that the Board had made provision for these casual cases. Dr. Dyce Brown concluded by seconding the adoption of the report, which, he said, was excellent and satisfactory.

The report was then adopted.

Dr. HUGHES proposed a vote of thanks to the Chairman, the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, which was seconded by Dr. BURNETT, and responded to by Major VAUGHAN-MORGAN.

EARL CAIRNS was next proposed as President of the Hospital by Mr. CHAMBRÉ, on behalf of Lord Ebury, and seconded by Major MORGAN. The resolution was carried with enthusiasm.

The re-election of those members of the Board of Management who retire by rotation was proposed by General ALEXANDER, seconded by Dr. YELDHAM, and carried.

Dr. BLACKLEY next proposed the confirmation of the appointment to the Board of Mr. J. Pakenham Stillwell and General Alexander. In doing so, Dr. BLACKLEY advocated the direct representation of the medical profession on the Board. He said :—

A few years ago our own Board of Management had among their number three medical gentlemen, and it will be remembered that those appointments evoked considerable opposition. But he believed a change had occurred since then, and if the step

were taken over again, and some of the medical men competent to pronounce judgment on medical questions were appointed to the Board, great opposition would not now arise. He had every reason to suppose that the Board were themselves favourable to the suggestion, and would be the first to welcome the medical element. Of course the matter was open to question (hear, hear); but what would please those medical subscribers whom he had consulted was that some members of the medical staff should be *ex officio* Members of the Board. Thirty years ago such a proposition would have been regarded as the extreme of radicalism, but *tempora mutantur*—and he felt sure that the consensus of lay opinion would now be in favour of the representation of the medical staff of a hospital on its board of management. He felt equally sure that the learned founder of the hospital—Dr. Quin—(cheers), much as he was originally opposed to the idea would, if he were still living, agree to it now. He (Dr. Blackley) hoped that the step would in due time be taken, and the medical element again make its appearance at the Board of Management, although he did not now move it as an amendment.

Dr. CLARKE had much pleasure in seconding the motion brought forward by Dr. Blackley for the confirmation of the appointment of Mr. J. Pakenham Stillwell and General Sir James Alexander, and in doing so must express his concurrence in the remarks which had been made as to members of the medical staff having a voice in the management.

Major VAUGHAN-MORGAN said that before inviting discussion on the question, he would put the motion which stood proposed and seconded. This being unanimously carried,

Dr. POPE said: Sir, the proposal to place medical men on the Board is one which, considered in the abstract, is most desirable; but, when we come to details, the first question we have to solve is, where are we to get the medical men from? From the staff, or from outside the staff? If we take two from off the staff—the jealousies of the remainder of the staff are aroused; if we select two from outside the staff—the jealousies of the entire staff are excited. Such, sir, has been my experience.

Dr. YELDHAM: This is an important question (hear, hear), and I think it is one upon which great deliberation should be exercised. If the suggestion could be carried out no doubt it is good enough, but it is open to the very serious objections which Dr. Pope has pointed out. (Laughter.) The question is quite deserving of discussion, however, but it is one which requires very much time for consideration. (Hear, hear.) There are a good many sides to it. Some years ago three medical gentlemen were elected to seats at the Board of Management, and objections were urged by members of the medical staff with so

much persistency that those gentlemen felt it their duty, in the interests of the hospital, to accept the Chiltern Hundreds. (Much laughter.) It was not so long ago, and we may take it as a sufficient indication that the time has not yet come when medical men can sit at the Board of Management without exciting dissension. (Cheers.)

Mr. THOMAS HIGGS said that as an old subscriber of the hospital he was old enough to remember the Hahnemann hospital, of which he was also a supporter. At that hospital, which was so short lived, one of the principles was that medical men should have a seat at the board of management. Every one who remembers that hospital will remember that it was discontinued solely in consequence of the dissension of the medical men on the board. He was afraid similar difficulties might ensue if medical men were appointed to the Board of this hospital (hear, hear), and as, he supposed, the opinion of the medical men could be obtained without their sitting on the Board, it was hard to see what more could be wanted. (Hear, hear.)

Dr. BURNETT compared the administration of a hospital to the control of a large business, in which it was impossible that those who ought to devote their energies to the practical details of the work could claim to have the powers of direction. Whether the medical staff were paid or not they were the subordinates of the Board—not in any obnoxious sense, and it should be their pleasure to carry out the wishes of the Board, without claiming any administrative powers.

Mr. SLATER would say to those who moved in this matter that the medical officers have the most ready access to the Board, and his own suggestion would be that they would have no cause of complaint of being unable to get a hearing if they addressed the House Committee or the Official Manager (hear, hear), and he was sure that no reasonable proposition would be overlooked. Suppose any discussion had to be raised at the Board on the internal working of the hospital, how could it be discussed fairly with those interested present? (Hear, hear.)

Major WM. VAUGHAN-MORGAN, having said he was glad the subject had been raised and discussed, suggested that it might profitably be made the subject of discussion by the British Homœopathic Society, which was wholly composed of medical men, and for the opinions of which Society the Board felt very great deference.

The subject was then allowed to drop.

Mr. BOODLE proposed and Mr. Wyborn seconded the confirmation of the election of Dr. Anderson to the external medical staff, which was carried.

Mr. SLATER proposed a vote of thanks to the medical staff of the hospital.

Mr. ROSHER seconded the resolution, which was carried unanimously, and acknowledged by Dr. COOPER.

The Rev. DACRE CRAVEN moved a vote of thanks for the valuable services of the band of lady visitors who did so much to alleviate the sufferings of the sick ; also to the Honorary Solicitor and Honorary Architect, both of whom had rendered great services.

The motion was seconded by Dr. MATHESON, and carried.

Dr. POPE then proposed a vote of thanks to the Chairman (loud applause) for presiding at that meeting, and alluded to the long unbroken series of years during which Lord Ebury, who, unfortunately, was not present, had filled that position, and to the great public services his lordship had rendered to the cause of homœopathy.

Dr. YELDHAM seconded the motion.

Major VAUGHAN-MORGAN in acknowledging the vote expressed his obligation for the kind terms in which the speakers had spoken of any humble services he had rendered to homœopathy.

NOTABILIA.

HOMŒOPATHY IN THE UNITED STATES.

In our April number, we referred to Dr. Oliver Wendell Holmes, and the prophecy on which he ventured forty years ago, to the effect that not many years would pass away before the same curiosity excited by one of Perkins' tractors, would be awakened by the sight of one of the infinitesimal globules, and so on. "The lifeless delusion," as the poet then termed it, still lives, and the latest evidence not only of its vitality, but of its robust vitality, appear in the following report of what occurred at a meeting of the Massachusetts State Committee on Public Charitable Institutions, when Dr. J. T. Talbot appeared before them on behalf of the Massachusetts State Homœopathic Medical Society. He addressed the committee as follows :—

"Gentlemen : As chairman of the committee appointed by the Massachusetts Homœopathic State Medical Society, it is perhaps proper that I should present to you the subject of this petition. This petition asks in general terms that the State may provide homœopathic medical treatment for the insane who are under its care and who desire it or for whom it may be desired. It is not necessary nor is it desirable to enter upon a discussion of the merits of homœopathy before your committee. Suffice it to say that this system of medicine, once so novel and strange, is now well known and has been steadily increasing in the number of its believers and advocates for the past forty years. In

1840 there were but 6 homœopathic practitioners in Massachusetts. In 1850 there were in round numbers 50; in 1860, 150; in 1870, 250; and in 1880, 400.

“The believers in homœopathic medication have in the last ten years, at a cost of \$200,000, built and sustained a hospital in Boston which has taken care of upwards of 1,500 patients who otherwise could not in this State have had in any hospital the medical treatment they believed in and desired. They have sustained a dispensary which in the last 25 years has in this city of Boston given gratuitous treatment to 100,000 poor sick people who have preferred this kind of treatment, of whom about 12,000 have been treated the past year. They also sustain a medical school in connection with Boston University, with a curriculum of study unsurpassed in thoroughness, in which more than 100 students are enrolled, and from which in eight years 250 physicians have been graduated in medicine. It is this body of physicians and these believers in homœopathy, who, from their own experience, feel assured that this method is the best for the treatment of disease, and who now come forward and ask you to provide for them and for their friends; if they should be obliged to go to an insane asylum, the kind of medical treatment in which they have so much confidence. Moreover, they deem it an injustice and a hardship that they, loyal citizens and taxpayers of Massachusetts, should be compelled to submit to treatment in which they have no faith and against which they often hold a deep seated prejudice. So firm is this conviction that many will not go or allow their friends to go to the hospital until actually compelled to do so. Then if they die they feel that it was from lack of proper medication; if they recover, they think the recovery would have been sooner under homœopathic medication.

“Whether this be true or not, such is their belief, and wherever numbers render it practicable we doubt not your committee will consider that the State should accede to the personal rights and opinions of its citizens in a matter like this.

“The petitions which you already have, together with those in the hands of the committee not yet presented to the House, contain the names of more than 5,000 citizens of the Commonwealth and residents of 45 different towns and cities. Among these are to be found some of the heaviest taxpayers, merchants, manufacturers, bankers, and members of almost every trade and profession. In fact, there is hardly a person to be found, whatever may be his own wishes as regards medical treatment for himself, who would not desire the State to extend liberty of opinion and choice in this matter to all the citizens. When a thing to be done is clearly right and is sustained by the people almost unanimously, it cannot be difficult to provide for it. We

therefore ask your committee to prepare a Bill which shall secure in the best and quickest manner the object of these petitions.

“There are various ways by which homœopathic treatment could be provided.

“1. By the appointment of a homœopathic physician in each of the present existing hospitals, who should have the medical care and control of all patients for whom homœopathic treatment is desired.

“2. To set apart a portion of each hospital for the exclusive treatment of patients homœopathically.

“(Both of these methods would require friendly relations, not only with the superintendent, but also with the medical staff, to ensure the greatest success.)

“3. The devoting of one of the existing hospitals entirely to homœopathic treatment.

“4. The establishment in some favourable location and in an economical manner, of a small hospital capable of providing for 100 patients, with opportunities for enlargement as needed.

“This latter plan would require no immediate outlay of money by the State, but would need careful consideration by those most interested and in connection with the State officials having charge of the insane.

“Dr. J. Heber Smith, of Melrose, Dr. Worcester, of Salem, and Dr. West, of Neponset, also argued that the subject matter of the petitions should be given, in some form, definite legal shape, after which Dr. Talbot closed the case. No one appeared to object to the action sought.”

LONDON SCHOOL OF HOMŒOPATHY.

DR. HUGHES' lectures on the Principles of Homœopathy during the past month have embraced the following topics :—

May 4th. The Relation of Homœopathy to Hahnemann.

„ 11th. The Knowledge of Disease.

„ 18th. The Knowledge of Medicines.

„ 25th. Similia similia curentur.

The programme for June will be as follows :—

June 1st. The Selection of the Similar Remedy.

„ 8th. The same (continued).

„ 15th. The Administration of the Similar Remedy.

„ 22nd. The same (continued).

„ 29th. Homœopathic Practice.

July 6th. The same (continued).

LONDON SCHOOL OF HOMOEOPATHY.

SUBSCRIPTIONS and donations received from 21st March to 22nd April, 1882:—

[illegible]

LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted to May 9th affords the following statistics :—

Remaining in Hospital at date of last return (March 16th)	45
Admitted between that date and May 9th ...	89
	<hr/>
	134
Discharged during the same period	81
	<hr/>
Remaining in Hospital on May 9th	53

The number of new Out-Patients during the period from March 16th to May 9th, has been 1,058.

The total number of Out-Patients' attendances during the same period has been 8,506.

REPORT OF THE HAHNEMANN CONVALESCENT HOME AND HOMŒOPATHIC DISPENSARY, BOURNEMOUTH.

We have received the third annual report of this eminently useful institution, which does a great and good work with very

limited resources. During the year 44 patients had been received, but owing to lack of room and funds, the committee had to refuse large numbers of applicants.

In regard to the finances, the year opened with a deficiency of £85 18s. 7d. on the housekeeping, whilst every proper economy has been studied, the committee regret to state that this deficiency has increased to £151 18s. 8d.

This state of affairs calls urgently for assistance. We find our only homœopathic convalescent home crippled, so to speak, for funds.

Patients received, are in most instances drawn from distant parts of the country, and it is scarcely right that they should depend so largely, as at present, on local support.

Bournemouth is a place to which invalid visitors from all parts flock. How easy it would be for a medical man, in sending patients there for health, to interest them in the home, and get them to visit it. One visit, we are sure would suffice to enlist their sympathies and ensure a donation. Such a good cause surely deserves all the help we can give it.

THIRTEENTH ANNUAL REPORT OF THE MELBOURNE HOMŒOPATHIC HOSPITAL.

It is indeed a pleasure to read the report which we have just received from the Empire City of the South. Homœopathy flourishes like a cedar and spreads its branches far and wide in that enlightened land. Supported by Government grants, a site for the new buildings voted by Parliament, and reckoning many of the most prominent colonists amongst its staunch supporters, our cause progresses in a way to suit the most go-ahead views. Perhaps it is the Americanism, so to speak, with which our southern colonies are tinctured; perhaps it is the freedom with which new and progressive views on all subjects are taken up, but at any rate, bigotry and the College of Physicians would find themselves considerably "out of it" if they went crusading against homœopathy in Melbourne.

It is proposed to begin the new hospital very soon, a site having been promised by the Government and a grant of £2,000 made towards the building fund. Altogether £4,000 have been promised for this object.

The total number of patients for the year was 1,756, 146 being in-patients, 1,610 out-patients.

A bazaar was held in April, 1881, which realised the very handsome sum of £544 towards the building fund.

The system of receiving small amounts from such of the patients as are in a position to pay still continues to act well, and while adding to the income of the institution, tends to check

pauperism, and conduces to individual reliance and self-respect. The receipts last year from this source were from in-patients, £114; out-patients, £225 18s. 6d.; total, £339 18s. 6d.

This idea of paying patients has been gradually making way with us in England, and though not extended to out-patients as yet, certainly deserves a trial in that direction, the abuse of that department of our charities being a notorious evil.

The tone of the whole report is very satisfactory, giving evidence of the healthy activity of homœopathy in the Colony of Victoria.

DEVON AND CORNWALL HOMŒOPATHIC DISPENSARY.

WE are gratified to learn from the recently received annual report of this institution that the evidences which exist of its increasing prosperity are decided. More commodious premises have been secured; the patients have considerably increased in numbers; the services of a regularly trained nurse have been secured to attend serious cases among those visited by the stipendiary medical officer; and the committee are able to look forward to the establishment of a cottage hospital as a by no means distant prospect.

The medical report is as follows :—

Number of patients remaining on the books,			
December 31st, 1880...	...	...	59
Admitted and re-admitted from January 1st,			
1881, to December 31st, 1881	...	...	1,196
			<u>1,255</u>
Of these were cured or relieved	...	1,048	
„ no report	...	61	
„ not relieved	...	42	
„ died	...	19	
„ under care, December 31, 1881		90	
			<u>1,255</u>

Of the above 1,255, 268 who were too ill to attend personally, were attended at their own homes, and 1,450 visits were paid them.

REPORT OF THE NEWCASTLE-ON-TYNE HOMŒOPATHIC DISPENSARY FOR 1881.

THE medical work of the Dispensary has gone on satisfactorily during the past year. Since May it has been open every week-day instead of three days in the week. It has been attended by

Drs. Purdom, Kennedy, and Galloway. Over 880 patients have been under treatment during the year, representing nearly 2,500 attendances. Many visits have been paid to patients unable to attend at the dispensary. A large number have reported themselves as relieved or cured. Several new subscribers have been added to the list.

HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH.

THE following piece of information, extracted from the *Bournemouth Visitors' Directory*, will, we are sure, excite at once the sympathy and interest of our readers:—

Through the kind exertions of three ladies, the Countess Cairns, Mrs. Hull (Ecclesburn), and Mrs. Snell (Windlesham), the sum of £607 9s. has been collected to endow permanently a bed in this home in memory of the late Mrs. Nankivell, who had always shown herself deeply interested in the temporal and spiritual welfare of its inmates. The money will be invested in the names of three or more of the trustees of the home, and the income derived will form part of its revenue in perpetuity. The power of nominating to this endowed bed will be vested for his life with Dr. Nankivell, who has signified to the kind donors his most grateful acceptance of their proposals, and his deep appreciation of the suitability of the memorial.

PROTECTING INFLUENCE OF VACCINATION.

Dr. J. H. Raymond, Health Commissioner of Brooklyn, furnishes the following interesting statement regarding the first hundred cases of small-pox that have come under the observation of the Health Department since the 1st of January last, which, he considers should set at rest all questions as to the utility of vaccination:—"From January 1st to February 26th, there were reported to the department 112 cases as small-pox cases. Of this number, 98 were found on examination to have the disease, and 14 not to have it; and two cases reported to be chicken-pox proved to be small-pox. Of the 14 cases that were examined and found not to have small pox, one was scarlet fever, four chicken-pox, three measles, one German measles, and five were cases of skin disease. Of 100 who had small-pox, 45 had never been vaccinated, 27 of whom died. Eight others had pale, indistinct, and imperfect marks of vaccination, and were probably never vaccination—using the term as it should properly be used. Of these four died, so that we may say 58 had never been vaccinated, or that 81, or 58 per cent., died. Of the 47 who had been successfully vaccinated, 6, or 12 per cent., died. Twenty-four of this number were adults, who had not been vaccinated since infancy; three of them died. Of the 28 who were supposed to

be protected by vaccination, 20 had a mild attack of varioloid; one aged three years, who had been well vaccinated in infancy and again later, died; two children, aged respectively five and eight years, members of the same family, and having good marks of vaccination, died. The youngest person attacked was three months and the oldest sixty years old."—*British Medical Journal*.

"PUTTING AWAY THE 'PATHIES."

At the last meeting of the New York Medical Society, a most important change was effected in the ethics of medical practice. This consisted in the adoption of a new code for the guidance of the faculty, virtually permitting a physician of the "old school" to consult with any physicians of the other schools in good standing he may choose.

This is a wise and timely measure, and must result in a great improvement in the tone of the profession, raising it in the respect of everyone, and divesting it of much that is discreditable. In the eyes of the law, both schools have the same privileges and standing; there are well conducted state homœopathic, as well as allopathic asylums and hospitals; there are regularly chartered colleges of both schools; and it is high time that arbitrary distinctions should be at an end.

The action of the State Society at Albany has naturally drawn forth the adverse criticisms of men whose ideas are as narrow and illiberal as those of the most bigoted theologians. It has even been insinuated by one Philadelphia medical journal that the new code was suggested by the "specialists" of the regular school in New York City, who, knowing that a large number of rich and influential people in that city employed homœopaths, wished for a change that would permit them to meet their "irregular" brethren in consultation.

Equally silly and hastily formed opinions have been expressed by other non-progressive critics, who seem to cling as fondly to the traditional blue laws of their school as the venerable puritan clung to his iron-bound bible with one hand, while with the other he piled faggots upon the fire built to consume the unfortunate witch.

After all, the duty of the physician is to relieve human suffering, and whether he does so by the use of the heroic measures of Bishop Berkeley's tar water, or the infinitesimal doses of the Lilliputs, it matters not. The clever and successful practitioner seizes the best remedy that presents itself, and does not stop to enquire whether he violates any code in so doing. The "old school" are making daily use of the remedies of the "homœopaths," while the latter do not hesitate to administer remedies not included in their pharmacopœia. In America, Dr. Henry G. Piffard, of New York, and in England, Dr. Sidney Ringer,

were among the first of "allopaths" to call attention to the value of the homœopathic use of certain drugs.

What is really needed in medicine is the putting away of the "pathies" which belong to the quacks, to the creatures who thrive on printing ink and "testimonials," and who prey upon the superstition and credulity of the general public. If such an amalgamation as will probably follow the passage of the new code does occur, it will mark an era in medical progress that must carry with it a more scientific exactness. The weaker men in both schools must be crowded to the wall, and at the bedside of the patient there will be a fair and practical application of what is good in each system.

Under the new régime, the public ought to be able to judge more clearly of the character and ability of their physicians. The question will not be so much of the school, as of the honourable standing of the individual among his comrades of both schools.

When he is called hard names by his fellows, it ought hereafter to mean something more than a difference of opinion on matters of theory.

Let the public now be on its guard against supposedly "regular" physicians, who are known among their brethren as "commercial" doctors. These men, with the endorsement of titles, or a membership in some respectable medical society, prostitute their learning by indulgence in "claptrap," by the recommendation of "cures," and by useless and unnecessary operations, performed on every occasion, and upon every patient, no matter what may be his disease. One will discover that some particular part of the body is the seat of a morbid process, and will proceed to remove it by a mysterious operation; while another will prescribe a remedy which can be procured only at a certain place, and can be taken only in a certain position. A more matter-of-fact practitioner will suggest the extent and value of his practice by means of a pile of bank notes of large denominations exposed upon his desk.

With these men no code of ethics is of the slightest use, and their more honest and plodding fellow-physicians must bear the disgrace thus brought upon their calling. But if the profession itself finds it difficult to deal technically with such men, the public, as we have said, ought to be better able to discern them now that the allopaths are disposed, in their public attitude and private conversation, to reserve their harsh criticisms for real offenders.

BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth Ordinary Meeting of the present Session will be held on Thursday, June 1st, 1882; and, by a resolution of the Society, will be taken as the first evening of the Annual Assembly.

At seven o'clock the following motion will be discussed, proposed by Mr. Harris, seconded by Dr. Burwood :—

“ In Law V, to omit the words ‘ shall have treated their patients homœopathically for at least three years,’ and to substitute in place thereof the words ‘ shall have passed a satisfactory examination in the principles and practice of homœopathy.’ ”

“ In Law XIV, to omit all up to the words ‘ at least two years ’ inclusive, and to substitute the following :—‘ Inceptive members shall consist of, (1) medical students, and (2) registered medical practitioners who believe in the truth of the law of homœopathy, but have not qualified as ordinary members of the society.’ ”

At eight o'clock, the specimen medicine, *aloe*, prepared by the Committee appointed in March for the revision of the *Materia Medica*, and which will shortly be in the hands of the members, will be discussed.

It is much desired that those unable to be present will communicate their views on the matter by letter, to be read at the meeting.

The honorary secretary requests us to announce that as it is important that the society's accounts be balanced up to the date of the annual assembly, he will be much obliged by receiving any arrears that may be due, and that the library of the society being in course of re-arrangement, prior to cataloguing, it would be a great convenience if members who have books from it would return them before the end of the present month.

The Annual Assembly will be held on Thursday, the 29th inst., when an address will be delivered by the President.

CORRESPONDENCE.

TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

To the Editors of the Monthly Homœopathic Review.

GENTLEMEN,—Will you allow me to make it known through your pages that a considerable stock of the *Transactions* of our late International Convention remains on hand, and that the subscriptions as yet received for them are insufficient to reimburse the cost of their publication. It will be remembered that their expenses were to be thus defrayed; but it was not thought well to hold back their issue until a complete subscription list was obtained. They were published in confidence that the body of English-speaking homœopaths would not allow those responsible for their cost to suffer loss. In this confidence I now appeal to as many as have not already possessed themselves of

the volume to apply to Mr. Adlard (Bartholomew Close, London, E.C.,) for a copy of it.

The subscription price is 10s., and a few extra pence have to be paid for carriage, according to distance.

I am, Gentlemen, faithfully yours,

RICHARD HUGHES,

Brighton, May 19th, 1882.

Editor.

HOMŒOPATHY AND "HOMŒOPATHY."

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—From your comments upon my letter I think that I have failed to make my meaning sufficiently clear. I wish to point out briefly that there is a great difference between the action of an individual practitioner calling himself a homœopath and that of homœopaths acting as a body. Hahnemann did not propose to merely add a new therapeutical law to the existing science of medicine, but he undertook to establish an entirely new system, having a pathology, a physiology, a pharmacology, and a therapeutics of its own. To the system he gave the name of Homœopathy, and, to further separate it from the old school, he christened that Allopathy.

Now, it is perfectly intelligible that certain individuals examining the doctrines of this new system should discard all but one, which they regarded as very valuable, and that being ordinary physicians, or allopaths (to use Hahnemann's objectionable term), in every other sense of the word, they dismissed the empirical method of drug selection and replaced by the law of similars. Whether these persons were right in calling themselves homœopaths it is unnecessary to consider. They could not be charged with dishonesty or with sailing under false colours, because in their writings they gave a detailed statement of their views.

But, Sirs, what proof have we that modern homœopaths as a body use the term homœopathy in the same sense as these individuals? How are we to prove that modern homœopaths do not cherish the theories of "homœopathy" as well as its facts? How are we to know that the term homœopathy is not synonymous with a contempt for pathology? The expression of opinion uttered by single individuals speaks only of their own belief—it explains the position *they* take up, and not that of homœopaths as a body. I have before me a number of quotations from homœopathic writers, each insisting on one or other of Hahnemann's doctrines as an essential of homœopathic practice, and they give as their authority for making these statements Hahnemann's *Organon*. Suppose, then, that I contradict their assertions, or the statements that are made in the ordinary medical press respecting homœopathy, where shall I

find my authority? The opinion of a single individual would stand for nothing. It would require a statement made by some representative body of homœopaths. It is the necessity of such a statement that I would urge upon the attention of those who profess to practise homœopathy.

I am, dear Sirs,

Yours respectfully,

PERCY R. WILDE, M.D.

P.S.—Dr. Berridge writes me that he intends to challenge me to point out “what Hahnemann’s foolish speculations were?” This is not the point I have before me. I am not discussing whether my opinions on this matter are right or whether they are wrong, but whether the holding of such opinions is compatible with the profession of homœopathy.

[The word homœopathy, we contend, must be regarded as meaning what it expresses, viz., a similarity in the effects of drug and disease. The clinical application of this doctrine may and does vary according to the views or experience of those who adopt it as a basis of drug selection. Hahnemannism, on the other hand, is a word used to express, not only homœopathy, but Hahnemann’s views on pathology, physiology, and so on. Many of these, all, save a few, know and admit, are not tenable in the light of subsequent discoveries. To get at a consensus on these points is, we fear, utopian to expect.—Eds. M. H. R.]

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—I was much pleased at certain remarks in the letter of Dr. Percy Wilde, in your May number, especially those to the effect that the Hahnemannians claim, “with some truth,” to be the only homœopaths, and that those who assume the title of homœopaths without accepting all Hahnemann’s practical doctrines, do harm to the cause of scientific truth. May I be permitted, however, to ask him exactly where he himself stands? From some of his remarks, I should judge him not to be a Hahnemannian, but yet the appearance of his name in the Homœopathic Directory is, after the statements which I have quoted, quite inconsistent with such a hypothesis. But what I wish especially to refer to is this: Dr. Wilde says—“In these days of more exact knowledge, many of Hahnemann’s speculations appear in a very foolish light, and it is only necessary for an opponent to recall some of these when he wishes to prove that homœopathy is unworthy of scientific consideration. Homœopaths are inclined to complain of the injustice of this, but I think unreasonably, for do the laws of chivalry forbid the combatant to seek the weak points in his adversary’s armour? It is obviously the homœopathist’s duty to close the opening.” With this latter sentence I fully agree, and if Dr. Wilde will

point out what Hahnemann's "foolish speculations" are, and why he objects to them, I shall be happy to break a knightly lance with him. Mailed in the whole armour of Hahnemann, I have no fear for the result. Hahnemann states in the preface to the *Organon*: "Thus homœopathy is a perfectly simple system of medicine, remaining always fixed in its principles as in its practice." On this I take my stand. If homœopathy is a "system of medicine," it is something more than a mere rule or even law for the selection of the remedy. Hahnemann gave the name of homœopathy to his system, and surely he knew best what he meant by it.

Yours, &c.,

E. W. BERRIDGE, M.D.

THE PROPOSED L. H. DIPLOMA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I am extremely sorry to peruse the recent controversy in the English homœopathic periodicals, the cause of this dispute being the creation of the L. H. title by the authorities of the London School of Homœopathy. There is no reason for the complaints made against it. It is alleged that by this procedure we are assuming a sectarian position. What does it mean? If we assume that by this action we are forsaken by our brother practitioners of the old school, we are not sorry for it, inasmuch as they have already forced us to assume that position. It is said that this title is damaging to the progress of homœopathy. I believe, on the contrary, that our progress will be enhanced. There is recently a tendency to the growth and multiplication of the so-called crypto-homœopaths, and this tendency, unless checked, will lead to a very disastrous consequence, i.e., it will tend to reduce the estimation of homœopathy in the public eyes, I regret to find such names as Drs. Dudgeon, Drysdale, Black, Burnett, &c., among the opposition party. If they ponder over the matter calmly and dispassionately, they will find this action of the School is not injurious to homœopathy. The arguments for its favour have already been given to the world by Drs. Hughes and Bayes. The opposite party should bear this in mind, that however conciliating we may be towards our old-school friends, they will never accept us publicly on friendly terms. So, without trying to satisfy them, we should direct our energy for the improvement of our own system. In India, the same attempt at conciliation has been made by one of our colleagues, without any effect. So we should do away with disputes among our own body, but direct our joint exertions to the great cause which our illustrious master imposed upon us.

Calcutta, India.

2nd May, 1882.

P. C. MAJUMDAR, L.M.S.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

ERRATUM.

In our report of Lord Ebury's speech at page 295, line 17, instead of —“I think it was Dr. Cane who first brought it to his notice. The other was a medical man whose name,” &c., *read*—“I think it was Dr. Quin who first brought it to his notice—a medical man whose name,” &c.

Communications, &c., have been received from Dr. E. BLAKE, Dr. SUSS-HAHNEMANN, Dr. BERRIDGE (London); Dr. H. NANKIVELL (Bournemouth); Dr. Hughes (Brighton); Dr. BAYNES (Canterbury); Dr. PURDOM (Newcastle); Dr. HASTINGS (Byde); Dr. FISCHER (Sidney); Dr. MAJUMDAR (Calcutta), &c.

BOOKS RECEIVED.

Supersalinity of the Blood; an Accelerator of Senility, and a cause of Cataract. By J. O. Burnett, M.D. Homœopathic Publishing Company. 1882.

A Treatise on Diseases of the Eye. By H. C. Angell, M.D. New York: Boericke & Tafel. 1882.

An Index of Comparative Therapeutics. By S. O. L. Potter, M.D. Chicago: Gross & Delbridge, 1882.

Electricity in Surgery. By John Bath, M.D. Boericke and Tafel: New York.

Leucorrhœa, its Concomitant Symptoms and Homœopathic Treatment. By A. M. Cushing, M.D. Boston: Mudge & Co. 1882.

The New Handbook of Dosemetric Therapeutics. By Dr. A. Burggræve. Translated by H. A. Allbutt, M.R.C.P. Edin. London: David Bayne. 1882.

The Gout, and its Various Manifestations. By C. A. Pettit, M.D. Paris: E. Plon et Cie.

The Homœopathic World.

The Students' Journal.

The Chemist and Druggist.

The New York Medical Times.

The New England Medical Gazette.

The Medical Counsellor.

The Therapeutic Gazette.

L'Art Medical.

Bibliothèque Homœopathique.

Allgemeine Hom. Zeitung.

Homœop. Rundschau.

El Criterio Medico.

Omiopatica Rivista.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavondish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpellier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

OUR SCIENTIFIC POSITION.

DURING the last few months, much has been said and written about the professional aspects of homœopathy and the position taken up by homœopathic practitioners. We have been told that we have assumed a sectarian designation for trade purposes, that we are not what we represent ourselves to be, that we are purposely keeping ourselves outside the pale of professional intercourse, and last, but not least, that there are no homœopaths left! So many have harped upon the sectarian string, in so many different, and generally minor keys, that the noise of their wailing has almost persuaded some, who formerly thought otherwise, to believe that a sectarian designation is a very wrong thing indeed, something much worse than deception or ignorance.

Now there is an aspect in which homœopathy is not much looked at in all this interchange of courtesies, and an influence at work which must be kept prominently before the minds of our readers. We refer to the distinctive scientific position which homœopaths hold, and the influence which homœopathy has in moulding the development of modern scientific medicine.

Old-fashioned physic, down from the remotest ages of antiquity, till within quite recent years, was nothing more than a farrago of empiric remedies applied after more or less reliable rules handed down by tradition. During the last hundred years or so, the progress of physiology and pathology has done much to clear away misty views of disease, and to throw light on the path of the careful practitioner. The invention of the stethoscope, the application of the thermometer, and of many other instruments of research in disease, have done wonders in assisting diagnosis. But the knowledge of drugs and drug action has, till quite recently, say within the last twenty years, remained in the same fossil condition. "Empiricism rampant" might have been, or even now might be, the motto of the College of Physicians. The man who gives chalk mixture simply because he is treating a case of diarrhoea, and has been told that chalk mixture is good for diarrhoea, without attempting to find a remedy exactly suited to the particular kind of diarrhoea, is, for all practical purposes, as much a quack as the unqualified herbalist who goes about with "universal panaceas" or "magic mixture," which, to the sound of a brass band, he sells to the gaping and credulous rustics. The alchemist, or magician of old times, who mixed nasty and nauseous simples in his mysterious alembic, finds a parallel in the enlightened and qualified modern practitioner who, his superior in scientific knowledge and diagnostic skill, yet proceeds to mix together from half a dozen to a dozen different drugs, some of them possessing widely different actions, in the vain hope that one may do good, and that the rest may prove harmless. The history of medicine shows us a long succession of authors who gravely record their failures in endeavouring to elucidate a single theory of therapeutic action capable of general application. Take the literature of any one disease

at random, say of rheumatic or typhoid fever, and we find that only within the knowledge of the present generation have their pathology and etiology been clearly defined, and that, even at the present day, their best treatment is summed up in the words "non-meddlesome expectancy."

Some authors, perhaps more honest than their fellows, tell us that, if we depend too much on drug action, we shall be apt to disappoint ourselves, and that much more attention should be devoted to hygiene and diet.

Enlightenment amongst allopaths (with some exceptions, of whom more anon) means progress in the direction of expectancy.

Until the advent of homœopathy there has never yet been any fixed law relating to the selection of the medicinal remedial agent. Traditional and magistral formulæ there have been in plenty, but of the rudest and most empirical nature, only calculated to disappoint those who trust in them. The theory embodied in the words *similia similibus curentur* is the only one for which any scientific basis can be claimed. HAHNEMANN stands out pre-eminent amongst historic healers as the first man who adduced any definite law for the selection of drugs. Homœopathy, *pace* the Hahnemannians, may not be a perfect law, and it is possible, though not perhaps probable, that at a future period some further development may put the human race in possession of powers which may place even the doctrine of similars in a secondary position. But whatever be the future which awaits homœopathy, we can at least honestly affirm that its faithful disciples, having once accepted the theory, are votaries of a science of unsurpassed exactitude in medicine. Given a sound knowledge of the symptoms of the case, and a careful study of the action of drugs, the application of this science to the selection of the remedy places the practi-

tioner in a position infinitely more likely to ensure success than the empiric who has to rely merely on what he has seen or heard to be good for a similar case.

The scientific homœopath recognises niceties of distinction in the treatment of disease, which are apt to be overlooked by, or when noticed to be regarded as of no import to, the average allopath. Fever, as a rule, to the allopath means heightened temperature and quickened pulse. The homœopath, on the contrary, distinguishes between the febrile conditions calling for *aconite*, *gelsemium*, *rhus*, *baptisia*, and *arsenic*.

Diarrhœa, by the ordinary rule of thumb allopath, is to be treated either with astringents or purgatives. The homœopath, on the other hand, takes cognizance of the totality of the symptoms, and prescribes as indicated—perhaps *mercurius*, *chamomilla*, *arsenic*, *colocynth*, *camphor*, *veratrum*, *cuprum*, his choice in each case being guided by the scientific law of similars. We might multiply instances endlessly, and through all the long list of ills that flesh is heir to, we should find the allopath guided merely by broad traditional principles, if principles they can be called, whilst the honest homœopath, to whom alone we refer, has the means of treating his cases with scientific exactitude.

We do not wish to be misunderstood in speaking of the average allopathic practitioner as being without a guiding law. There are exceptions, and their number is increasing, but they have only become prominent of late years, and of them and the reason for their existence we shall speak presently.

That homœopathy is a theory established on a scientific basis is self-evident in several ways. The chief of these is the enormous influence which the practice of homœopathy in England during forty years has had on the practice of

old-fashioned physic. We constantly meet, both amongst those of the profession who are opposed to us and the laity, thinking men who are willing to admit freely that, whether homœopathy be true or not, it certainly has modified the practice of medicine to a degree which would not have been credited even ten years ago. The older generation of practitioners cannot be expected to change much, but the younger men are beginning to find that rough polypharmacy is not satisfactory. Therapeutists of the first rank are now openly advocating the use of a single active principle at a time, and not only the single remedy, but the reduced dose has been propounded to and swallowed by men who scoff at homœopathy. This leads us to speak of the exceptions we have mentioned. The first dawn of enlightenment may be said to have originated with RINGER and his contemporaries in the movement, WOOD, BARTHOLOW, and PHILLIPS. Of the last we have but little to say, as the influence of homœopathy on his therapeutics is notorious and easily accounted for.

A perusal of RINGER's *Handbook of Therapeutics* will go far to convince any unprejudiced mind of the wonderful influence which homœopathy is exerting in the way of modifying traditional treatment. We have no doubt Dr. RINGER would be indignant if he were called a homœopath, but it is only since this gentle influence has prepared the way, that he would have dared to propound the advanced views he holds without fear of professional ostracism and obloquy. The most careful study of all works on therapeutics antecedent to Dr. RINGER would fail to find any indication of the use of *corrosive sublimate* in dysentery. And we do not remember to have heard in any previous allopathic text book of the use of *sulphide of lime* in glandular enlargements and sluggish abscesses.

The discovery of the use of minute doses of *ipêcacuanha*

in certain forms of emesis, would redound much to Dr. RINGER's credit if such a doctrine as homœopathy were unknown. The use of *pulsatilla*, too, in menstrual irregularities [has been unfolded to an admiring profession by these pioneers of physic, these adapters of the ideas of others. "Homœopathy Re-discovered" would be an appropriate title for any forthcoming work on this subject. Whilst we should be glad, for the sake of suffering humanity, that such a change is passing over the face of the field of physic, still we cannot but despise the unblushing audacity of men who calmly cull information from the pages of a living author, and present it to an appreciative profession as the offspring of their own giant intellects. Some recent adaptations show a pretty extensive acquaintance with homœopathic literature; and we know several instances of men, who, but for pressing reasons of medical or social polity, would be prepared to admit the truth and openly adopt the practice of homœopathy. Crypto-homœopathy is a thing to be deplored by all right-minded men, equally with hermaphrodite medicine, if we may so term the practice of those who, for trade purposes, make a show of using a little homœopathy now and then. This latter form however, is homage to the scientific influence of homœopathy in the present day. Such has been the spread of the knowledge of homœopathy amongst the laity, that practitioners, wise in their generation, are beginning to find that a certain reputation for a leaning towards its principles is rather beneficial in certain circles. It is amusing to note the nice gradations of feeling assumed, from the free and open opinion that "in many cases homœopathy is of the greatest assistance," to the guarded and hesitating admission, "that after all, there may be some good in the system." This, of course, only relates to intercourse with the outside public, as it is rarely that a practitioner can

succeed in concealing his farthing rushlight under such a humiliating bushel from his professional colleagues. All this, however, but points to the widespread influence of homœopathy in our time.

Not content with filching new remedies, and new uses of old ones, from homœopathy, modern allopathy is proceeding to "adapt" our pharmaceutical methods. A new generation having sprung up, who have learnt some of the benefits of homœopathy, a more elegant style of dispensing is required to keep pace with the newly acquired knowledge of drug action. And modern pharmacy, not being troubled with any scruples as to the source of the idea, supplies the needful improvement.

Minimum doses are called for, and minimum doses appear straightway, under the guise of "parvules" (for *parv.* read *pil.*) We recollect the time when one of the chief railing accusations against homœopaths was that we carried small cases in our pockets filled with various little bottles of sweets. If we mistake not, one learned gentleman proved to his own satisfaction, if not exactly to the whole world, the utter fallacy of homœopathy, from the impunity with which his children indulged in a diet of pilules obtained from a homœopathic source. Yet such has been the influence of this derided science on pharmacy, that we find the *British Medical Journal* advocating the use of the obnoxious pocket case: "A well assorted selection of sugar parvules or granules (or pilules ?) impregnated with all the various alkaloids and active principles or their salts could then be carried in the coat pocket or lie on the study table."

The *Lancet*, too, after having wasted gallons of ink in vituperation of the much abused pilule in times past, actually confesses to the use of this form of prescribing. Fancy the editor of the *Lancet* with a pocket pilule case!

We only regret that the range of medicines was limited to twenty.

“*Qui s'excuse s'accuse*” is a good old adage ; and reading through the pamphlet which sets forth the virtues of parvules, we were much struck by the frequent and reassuring assertions, that this mode of dispensing is not in the least like, and must not be confounded with, the obnoxious homœopathy.

A few extracts may be edifying and instructive :—

“It is claimed by *some practitioners* that small doses given at short intervals exert a most salutary effect. SIDNEY RINGER, in his recent work on therapeutics, sustains this theory in a great variety of cases, without catering to homœopathy.”

The difficulty of explaining the action of minimum doses, save on homœopathic principles, is elegantly evaded.

“A logical explanation of the exact action of minimum doses is an impossibility in the present state of physiological investigation.”

“Parvules must not be regarded as homœopathic in any sense.”

Dr. Dessau says : “If I am asked to explain on what principle these small doses act in certain diseases, I reply on the principle so far as known of actual experience (!) This is all we know about it” (or *all we care to admit about it.*—Eds.).

The same apologetic and indignant repudiation of homœopathic leanings pervades all the testimonials to this wonderful discovery. One writer says : “In indorsing them I must disclaim any favouritism or sympathy with homœopathy. A parvule given every hour, it will be seen, is not homœopathy in theory or practice.” If it were not

for this gentleman's assurance, we might almost have fallen into the error that it was so.

“The efficiency of these parvules we attribute, not to homœopathy, but to the thoroughness of preparation and the purity of the articles used.” So that we may infer that the opposite holds good of homœopathic pharmacy.

“The distinction between such a praxis (parvules) and homœopathy is so evident that it need not be alluded to.” This is a graceful and elegant way of dealing with awkward facts which commends itself to the honest philosopher.

Now, all this but adds force to the assertion which we have made, that homœopathy is a scientific method, which even its bitterest enemies cannot overlook, and have even attempted to compromise; and in the face of such attempts, it ill becomes any section of our body to try to belittle our position. The more insidious and plausible the efforts of our enemies, for such they are, the more decided and firm should be our stand by the tenets and principles which are at issue.

Our adversaries, and not we ourselves, have built up the sectarian hedge, and now that they wish to sink it, finding that after all we are on the right side of it, it is our duty as conscientious and self-respecting practitioners to insist on the admission, that if the profession wish to absorb our methods and therapeutics, they must first acknowledge the correctness of the system which produced them. When homœopathy is publicly taught and recognised as on an equality with all other forms of therapy, then and then only will it be time to say, we are no longer homœopaths, but simply physicians.

CLINICAL CASES, WITH REMARKS.*

BY S. BLAKE, M.R.C.S., Liverpool.

CASE X.

Variety of Molluscum cured by Thuja.

THERE is less doubt engendered by describing the exact symptoms present, with their source, progress, conditions and concomitants than by naming the disease. In this way the cases may afterwards come to be placed under another heading of nomenclature, or be differently named, but the importance of the therapeutic result still remains. This case was diagnosed by my colleague, Dr. E. Williams, as molluscum, and, agreeing with this verdict, I will so name it.

E. H., a woman of 35, presented herself for treatment for an eruption about the face, forehead and neck. Each of the elevations were separate, and at a distance from the others, there being from ten to twenty of them out at one time about the face and forehead. "They come out in successive crops; after the old ones disappear a new crop follows. They are like a pock in appearance, but more tuberculated, of longer continuance during their progress, and more hard and warty-looking and elevated than the pock of true variola. They are, however, umbilicated at the apex. They grow gradually from small smooth hard papules, and after lasting for several weeks, gradually mature, discharge their contents, and then die away, only to give place to a fresh crop. At the end of their career they suppurate slowly with a red areola. In their commencement, or young stage, they are attended by a very slight itching. If pressed with the nail when getting ripe, their contents of white sebaceous matter can readily be pressed out, leaving the tubercle to wither. After some weeks only, when broken down, do the contents become purulent, thus differing both from varicella and variola. Although in certain stages the pock looks at first sight very like that of variola at a certain period of its later development, there is none of the eruption on other parts of the body. These crops have now been appearing for a period extending upwards of six months, and are in no way diminishing." She was treated for four weeks by *thuja* 12th decimal

* Being part of the series of cases, the record of which gained for Mr. Blake the "Epps" prize.

attenuation—a dose three times a day, aided by emptying the riper tubercles with the nail as they matured.

For a week *thuja* 6 x was ordered her, and after this it was noted that “the nodules look red, but disappear sooner or die away faster than they ever did before.” This was on May 1st. Medicine continued.

On May 16th it is noted there are no fresh spots coming out now, and the old ones are dying off; but a new symptom has appeared, viz., headache in the vertex. Was this pathogenetic? In the provings of *thuja* there occurs: “Pressing in the vertex as from a nail, worse afternoon and 3 to 4 a.m.; better in motion and after sweat.”

No fresh spots followed, and the disease did not afterwards return.

There are several varieties, and it may be there are different diseases under the name molluscum. Thus some of the projections are described as pedunculated warts, others stand on a broad basis, as occurred in the case referred to.

Thuja, as is well known, is often the medicine for pedunculated warts. In one instance I knew a wart, one among a cluster of white, smooth, and thinly pedunculated warts behind the ear of a young child, drop off during the first few days of treatment by *thuja* 12 c. It became at first purple, as if strangled internally at its neck, and then dropped off spontaneously, but its companions refused to co-operate in the same design after a few weeks persistent treatment with the same medicine. The patient getting tired of it, I then tied the remainder, and soon made away with them. The 12 c. and 6th dec. of *thuja* failed to remove the remainder of the warts referred to in this instance.

The symptoms of *thuja* which bring us near to molluscum are:—

A. The condylomatous, warty, and nodular or tubercle-like projections of its provings.

B. [From Allen]. Round blackish brown elevated spots, mostly on the face, nape of neck and chest; on the hands, wart-shaped excrescences of the size of a poppy seed, gradually increasing during the proving to sixteen in number. Their shape a truncated cone; their surface smooth and apparently seated in the epidermis. Their size varies according to their age, the largest as large as a small pea. They remained in that condition for about six weeks, when the larger ones became depressed in the centre, and

resembled a small pit (umbilication) surrounded by an elevated ridge. This ridge disappeared gradually, together with the wart. The smaller warts disappeared without going through this process. Eight still remained (after three months; all warts gone except one on little finger after five months.)

They ceased to grow individually a fortnight after ceasing the proving (taking the medicine?) The new warts are smooth and truncated, and, unlike the old ones, are not horny, and do not split. Four sets of warts are at one time noticed of different ages belonging to different crops. The older ones have red areolæ.

They are less painful and the red areola is less on the appearance of the menses.

Similar warts occurred on the neck, chin and other places.

Pimples on the face. Pock-like eruption over the whole body, with febrile chill in the evening, sweat at night and other symptoms in a person of gonorrhœal cachexy. In one case the pocks broke out first on the face and scalp and became confluent like variola; suppurated and scabbed, but without leaving any mark with a cure to the gonorrhœal cachexy.

Pock-like eruption behind ears on the chin and forehead, also on neck, partly becoming small brown warts. Eruptions also are noted which more resemble varicella than the former kinds described.

But few medicines are recorded as curing molluscum. These are, "*silica* and *lycopodium* (Dr. Dudgeon), and *kali sodatum* (Dr. Belcher)."—Dr. Hughes.

Silica. Large fleshy warts suppurating (Hering). Variola-like pustules ending in suppurating ulcers (Allen).

It is interesting that all these three drugs have a symptomatic and clinical relationship very much in common as regards three conditions of skin, apart from molluscum, i.e., to blotches here and there, to nævus, and to blood boils. With *silica* and *lycopodium* suppurating eruptions are common. This is not noticed so much under *thuja*, where the diseases seem less inclined to form suppurations or ulcers.

Kali hydriodicum, "pustular eruption, often umbilicated, leaving scars. Papulæ on face, shoulders, and back, and small boils in the same parts, leaving scars."—Hering's *Materia Medica*.

Allen gives under *kali iod.*, "a congestion of the cellular tissue, beneath the skin, is added to the other symptoms, giving rise to excrescences like tubercles. Eruption resembles pustules of acne; also like condylomata."

Lycopodium. Pimples contract to a scurf. Warts. Pimples become pustular and scab over: copper-coloured scar.

The umbilicated nature of the elevations brings us a character of considerable importance in selecting a medicine. But few medicines possess this feature. Thus *rhus tox.*, though having this character of umbilication, produces a more evanescent vesicular eruption, which, as is well known, approximates more closely to chicken pox than an eruption of the nature of molluscum. *Hydrastis*, again, presents characters closely resembling small pox, with its umbilicated pustule. There is sometimes, but rarely seen, an eruption of pustules scattered over the body during the first and early stage of syphilis; the pustules being slightly depressed at the apex. This eruption was quickly resolved by *merc. sol.* 1, in a case under my care the eruption being cured in two days.

To the constitutional infection in this man "local suppurating contagious chancres" were superadded, as well as balanitis. (Double infection from chancres having "Hunterian" characters plus suppuration and lymphatic contagion?) The depressed eruption of *kali iod.* is interesting when considered in relation to the kind of case of syphilis just described. It is not common to find what appears like double infection corresponding to two, as a rule, distinct diseases and worthy of note that the entire disease disappeared so speedily under *merc. sol.* The pocks in this case were rather hard at the base, with a slightly red areola and well formed, almost resembling variola when advanced towards maturation.

Hydrastis is another medicine related to variola and the umbilicated symptoms; thus we note "pimples resembling the early stage of variola or varioloid, vesicating, becoming pustular, umbilicated, and turning black and scaling off on the 9th day" (Allen). It would be a medicine worthy of trial in such an eruption as that occurring in the instance I have recorded under the title molluscum.

CASE XI.

Amenorrhœa.

Miss E. L., aged 16, commences treatment on November 12th for imperfect menstruation. Her general health has been very fair until recently, although she is by no means a vigorous girl. The complexion is pale, and the appearance of the face puffy, and she is of the fat and soft character of flesh. She is of a merry and genial disposition, and although inclined to be gentle and timid, is not at all given to fret, or cry at trifles, but even when feeling poorly keeps up her good spirits. The only appearance of the menses, however, have been on two occasions, occurring in the preceding April and May, and then only as a mere trace. She feels often a sickly sensation associated with the stomach, with nausea at food; has, however, little or no flatulence rising from the stomach, and feels relieved of these symptoms when walking in the open air; she also feels better generally when there is plenty of fresh air. There is no thirst. The tongue is large and flabby, but without any marked coating, and the bowels are costive. The feet are cold and clammy. She complains of a dull pain in the occipital region, and also pain at certain times in the loins. Has no leucorrhœa. There has been an eruption of pimples and scabs on the face. This group of symptoms inclines one to consider such medicines as *pulsatilla*, *calcareæ*, *baryta*, *sulphur*, *gelsem.*, *conium*, *plumbum*, *natrum muriaticum*.

However much the symptom—"relieved by fresh air"—inclined me to commence with *pulsatilla*, I did not feel satisfied that this medicine would be quite certain to meet the case, especially as the disposition of the patient did not correspond to that typical of the class generally adapted to this medicine. On referring to the symptoms of the other medicines, I considered that *graphites*, also covered several of the symptoms, and as regards the rest that *baryta*, *calcareæ* and *conium* and *nat. mur.* also met the group closely in several points.

Graphites 6 cent. trit. spoonful ter die.

Now *graphites* corresponds to a case of this description in the timidity and the slowness of disposition, inclination to be fearful or dejected at times; for the mood is changeable as seen in the provings. Again. The pressive pain in the occiput; headache with nausea during the menses, although

the pain may be also in the vertex, as well as occiput, the pale and bloated face (or even going on to chlorosis), the aversion to food in some persons, the nausea with vertigo or dulness of head, or with headache, with inclination to vomit, added to a cold clammy state of the skin, and again the chronic constipation with large knotty fœces, with a marked absence of early sexual development, with menses too scanty and too pale (the os uteri directed backwards and reached with difficulty.—Hering), the delayed menses, tendency to obesity, the facial eruptions, the lassitude, the clammy sweat and cold extremities (pointing more to *graphites* than *calcareo*; see Allen), with tendency to cedema, the skin for the most part often dry with tendency to form dry scaly or scabby eruptions. These symptoms form a group taken from the provings which show how suitable *graphites* is to such a corresponding picture as that of the case cited. In this girl there was no typical anæmia, there was pallor well marked, but the lips were red, if anything the pallor sinks into a kind of chlorosis rather than the proper anæmia which is so often met with in non-menstruating girls. The typical anæmia is generally well cured by *pulsatilla*, and the ferruginous preparations, and assisted, perhaps, in certain persons, by *nux vomica*, and these cases form a contrast to that of the girl whose case I have described. The *pulsatilla* indications are much more frequently met with in practice as a more complete group, but the result of the treatment of this case testifies to the immense power of *graphites* for rectifying these derangements where the symptom and constitutional condition correspond to the latter medicine.

Nothing more is heard of her until December 8th, when the report is that the medicine has done her a great deal of good, without any other having been given, that the menses have appeared more copiously, that her good health has returned, that of late there has been no pain in the back of the head, the face looks less puffy and pale, and has resumed its healthy look, and she is more spirited, and feels altogether better. The sickly feelings have also gone. There is a better appetite, and the feet are less cold; but the bowels are still somewhat confined. Repeat *graphites* 6 ter die.

This completely cured this case, established the menses and the general health, and I have had no occasion to prescribe for the patient again. She continues in good

health and spirits, and I have frequently seen her since, and there is now nothing to complain of (Jan., 1881). What medicine but homœopathic medicine could have effected such a marvellous transformation in so reasonable a time?

Comparison of Medicines and Remarks.

In dealing clinically with amenorrhœa, we have to take into consideration the causation of the disease, which both helps us to remove, if possible, those conditions of life which tend to keep up that state of health of which the amenia is but one of the products, and also for the valuable aid which this consideration gives us in the classification of certain medicines which become suitable for symptoms resulting from and produced under these very conditions of life. This helps us to bind together the causations of disease with our information as to the power of medicines to produce the symptoms under such contingencies, and also renders us able to more readily classify those cases coming under our notice, placing them in such a category that from the outset we shall get a corresponding group of medicines, from which, taken together with the special indicating symptom, we shall be able to select a very suitable medicine.

Thus many persons present themselves who, we find on enquiry, have been originally of good health, perhaps even plethoric, but in consequence of long and sedentary occupation, perhaps also working by gaslight, with a minimum of free oxygen, or an absence of fresh currents of air and good sunlight, have become the subjects of anæmia.

These present us with the commonest forms of anæmia, and chlorosis with symptoms often requiring *pulsatilla* and *nux vomica*, according to their special indications. Herein we have at one view brought into a focus the causation, pathology, and the appropriate remedies at the very outset of our clinical investigation. Fresh air, daily excursions, horse exercise, carefully regulated and appropriate ablutions, appropriate diet, as suited to each case individually, become here, as everyone knows, the best of prescriptions. These are valuable auxiliaries. Will the *pulsatilla*, *ferrum*, &c., enable us to reverse the diverted processes of the organs without these helps? From a frequent observation in the instances of persons who are, it may be, unable to fulfil all these demands of nature, I think we are compelled to acknowledge that the rightly

selected homœopathic medicine will do a very great deal in spite of the continuance of these causes—exciting the organism to struggle as it were, with the deranged functions, and even gradually in many instances the body plods its way on to a comparative state of health. I think such cases are very prone to relapses, and tend to exhibit alterations of the morbid phenomena rather than to rapid and complete cure. The causes continuing, push forward the same disease again as before when the effects of the medicine wear off, or else push out symptoms in some other direction, much to the annoyance of the physician. No one can doubt that such diseases take longer to get better under medicine, and more constant repetition of it, other things being equal, and perhaps also larger doses eventually than would be the case where hygienic indications have been properly carried out. Between this class of amenorrhœa and that class where there is obtainable an abundance of good food, air, and sunlight, there is a great difference. In the latter we must naturally refer much to the previously existing unhealthy state of the individual; not necessarily so to the former class. Nevertheless it is probable that there are in the first-named class persons belonging to either of these groups, namely—(a) those of originally good health, and (b) those who are *ab initio* unhealthy, and to whom also the surrounding conditions are most inappropriate. This class must be the worst of all states of this disease. There is here a doubly bad causation—a very compound etiology. I think this is one reason why such persons often require more than one medicine and perhaps more than two medicines to cure them. It is not easy always to find any one drug corresponding to a complex condition of the diseased state in all its multiplied causes, and also in its special symptoms. How often do we notice that diseases present the pictures of phenomena traceable to distinctly separable causes! For instance, a man has been suffering for a long time with hepatic symptoms—rheumatism, or say gout—and he takes cold and gets bronchitis or pneumonia. We set about curing the latter complaint first, by medicines applicable to its symptoms, the state referable to the last cause of the catarrh and the hepatic disease which is chronic, remains with the rheumatism or gout, for us to take our time about and cure afterwards, if we can. So, similarly, it may be with amenorrhœa and anæmia. How

speedily some persons are restored by a few days' residence under change of air and exercise. How different are others, where the state of the original bodily conditions needs to be gradually altered by medicinal stimulation.

In the instance of the girl to whom I have referred, the only auxiliary employed in addition to the medicine was a hip bath before breakfast every other morning, hot, and containing a handful of sea-salt, preceded by a cup of milk containing a teaspoonful of rum, and the bath followed by a tepid sponging of the loins and pelvis.

It need not be wondered at that the sedentary patient feels better in the open air, considering that oxygen is really both food and medicine to her; and that another patient, suffering from deficient oxygenation, should also feel relief from the same fresh air, notwithstanding that the degraded state of tissue metamorphosis has not arisen from a sedentary employment, but from causes to be sought further than this one.

A few medicines may be compared with one another, and some of their indications given, although it would be impossible here to describe all the minute differences of each to each. Thus of *iron* it may be said that it cures essential chloro-anæmia. It also acts well where deficient oxygenation has been the cause, assisted by *pulsatilla* and other drugs for special symptoms, in many cases especially where there has been close confinement; and improves the health also in those cases where young girls or youths are employed in large tobacco manufactories (effects of *tabacum*), although it does sometimes fail in these where the health has fallen very low, and where the person cannot or will not give up the employment. And in reference to these cases, a similar remark applies to *nuxvomica*. As regards other medicines, we learn that in persons where there is a naturally low state of health we may refer to:—

AMENORRHŒA.

With depressed sexuality.	<i>Conium.</i>	Face earthy, yellowish, pale bloated, herpetic diathesis. White milky leucorrhœa and pelvic pains. Depressed sexual activity.
	<i>Baryta C.</i>	Face pale, puffed, moping disposition, scurfs, nose-bleed, toothache and leucorrhœa before the menses. Menses last only one day. Weight over pubes. Backache.
	<i>Graphites.</i>	Pallor of face, bloated face, œdema, subject to eczematous, or dry, scaly, or scabby eruptions. Dislike to sexual relationships on part of patient.

<i>Nat. mur.</i>	{ Skin dry, harsh, vindictive disposition or, melancholic. Sallow, pale yellow, or lividity, with swelling, thirst, eructa lactea. Acrid secretions and headache during menses. Skin of face shines.
<i>Plumbum.</i>	{ Face yellowish, corpse-like. Bloated, shiny. Painless peeling off of the lips. Menses cease with colicky pain.
<i>Sulphur.</i>	{ Unhealthy appearance of skin, pale, sickly, eyes sunken or circumscribed redness, freckles. General anæmia. Heat flushes. Papular eruptions.

And again there are :—*Ferrum*, anæmia with a chlorotic appearance.

Arsenicum, ghastly pallor, even corpse-like, sometimes menorrhagic but necessarily so, œdema in addition or not, frequently gastro-enteric catarrhal symptoms with great debility of digestion (not generally so marked in *ferrum* cases), evidenced by loss of appetite, thirst, red tongue and great weakness. Intensely white appearance of face, with loss of flesh (differs from *ferrum*). The appearance comes to resemble that of a pernicious and very progressive deepening of true anæmia, rather than chlorosis, of which there is little in *arsenic* cases ; whereas, with iron, the progress is towards distinct chlorosis, even if blended with anæmia. It may be a question whether, after *arsenicum* has done its work in certain cases, *ferrum* may be called into play with advantage. Further—in persons where there is mal-determination of blood to certain organs—we have *iodium*. In girls with dark hair and eyes, complexion pale, as in the scrofulo-phthisical appearance, or dirty and muddy looking, skin rough and dry, or in persons in great debility with clammy moisture. Mind sensitive during digestion, melancholy or low-spirited, or with irritability and sensitiveness. Conjunctivæ dirty yellow, œdematous lids. Loss of appetite, or else eats freely, yet loses flesh, tendency to glandular affections, constipation alternating with diarrhœa, acrid leucorrhœa, œdema of feet, cold feet at night, or flushes of heat. The face pale, yellowish, or changing to a brownish hue, with distressed weary appearance, or alternating with a dirty redness and coldness of the face.

Pulsatilla. { Pallor of face and skin, yet a determination of blood to pelvic organs, terminating in leucorrhœa instead of menses, and sometimes determination of blood to chest.

Sepia. { Congestive determination of blood to pelvic organs well marked, bearing down, tenderness, constipation, sometimes oppression of respiration, leucorrhœa, yellow or greenish water, badly smelling, itching and irritation of vulva; conjunctivæ, and face pale and yellowish, pimples, and styes, "green-sickness," fits of involuntary weeping and laughter. Temper sad, irritable, or with indifference and subject to variations; more suited to delayed and dark menses than to suppressed menses. Hence, more often useful for those disturbances which are mostly found in women who have already menstruated, but have become again unhealthy:

Where there is no anæmia properly speaking, but a perverted plethoric state, with nose-bleed, determination or rush of blood to the head, face, &c.

1. *Bryonia.*
2. *Calcarea.*

Menses copious at one time, but have become suppressed.

The symptoms of *sulphur* so much resemble those of *sepia* in many respects, and even in the kind of its leucorrhœa and the perspirations that it is difficult to discriminate between them as to its effect on the pelvic organs themselves. It corresponds rather to the suppressed forms of anæmia. The facial appearance of *sulphur* is very notable, being more pale and sickly, the eyes sunken, with blue margins, or circumscribed redness of the cheeks; freckled complexion, and the altogether very depressed state of vitality and general unhealthy, debilitated look, in addition to the abnormal local determinations of blood and their results, enable us to form one of the sources of discrimination between it and *sepia* on the one hand, and *bryonia* and *calcarea* on the other.

With reference to the large groups of cases of amenorrhœa which depend entirely, or in part, upon defined

mechanical or pathological deviations of the pelvic structures, even in young girls, such as closure of the cervix or os uteri, flexions or other malpositions of the uterus, there is not opportunity to say anything here. Whether these occur alone or in complication with anæmia in addition, they would require descriptions of special methods of treatment, involving also the sphere of the surgeon, which it might not be possible to enter upon in this paper, which is chiefly devoted to anæmic amenorrhœa.

A differentiation has been made between suppression or cessation of menses in women during the years of menstrual activity generally and those cases where there is suppression or an absence of their appearance at the age of puberty ; but practically at whatever time the deficient menstruation takes place, the medicines have to be applied in each case according to the indications by the special symptoms of each medicine, and so it comes to pass that much the same group of medicines comes into force for both these forms of amenia. One reason for this, no doubt, is because many of the determining causes of this deranged function which apply to puberty come into play also under similar conditions during the ensuing years, whilst the menstrual function has already been established ; and whereas, in the first instance, such cause may have prevented the normal onset of the menses, in the second place and later on these same causes may give rise to a diminution or actual suppression of the once regular menstrual discharge.

Hence, it is not inconvenient in practice to classify the treatment of these two forms of amenia, grouping the symptoms of the medicines together, arranging them under the general title amenorrhœa, or amenia.

Thus we may, with benefit, compare a case, for instance, where a young girl of sixteen or seventeen has never menstruated regularly and has deficient menses, with another of a similar age where the flow has commenced with due regularity, but has become deficient or obsolete from similar or different causes to those influencing the former.

It may be safely asserted, that the general tone of health is below par, and the constitutional state really at fault in almost every case where there is amenia, and that medicine is required to mend this, and artificial terms might be made to include all such cases, such as psoric, &c., but this would be but for a mere convenience, and after all,

would not rightly include all cases, for although the entire system is at fault in every case, nevertheless, this derangement is not necessarily always congenital as is implied when we use a term by common acceptation, to mean hereditary dyscrasia. Many forms of amenorrhœa are induced long after birth. Not unfrequently, the menstrual flow is restored under *gelsemium*; more especially I have noted this when this medicine has been prescribed specially for symptoms quite remote from the uterus, the menses being at the time scanty or suppressed.

THE ADVANTAGES OF HOMŒOPATHY IN THE TREATMENT OF THE INSANE.*

By SELDEN H. TALCOTT, M.D., Middletown, N.Y.

WE propose in this paper to briefly pourtray, in as plain and practical a manner as possible, the advantages to be gained by homœopathic medication of those who suffer with mental aberration.

To begin with, we will illustrate by presenting a condensed synopsis of results already attained at the only homœopathic asylum under State patronage in this country—we mean the one located at Middletown, N.Y. This institution was opened for the admission of patients in June, 1874. It is, therefore, in the eighth year of its existence and active usefulness. There have been treated at this asylum about *eleven hundred* patients; nearly *nine hundred* of these have been discharged, and the remainder—somewhat over two hundred—are now under treatment. Of those discharged, over *forty-five per cent.* were fully restored to mental health. The death rate at this asylum has varied from *seven to four per cent.* During the past four years the death rate has averaged a little more than *four and one half per cent.*

Now, in considering these very favourable results, it is well to remember that the asylum is located but sixty-six miles from New York, in one of the oldest and most populous sections of the United States. The material, therefore, which it necessarily receives is not the best or most favourable for the purpose of effecting recoveries. In more recently settled States, where the population is yet

* Reprinted from the *New England Medical Gazette*.

vigorous, and where the inmates of asylums share, to a considerable extent, the general vigour of the masses, there are larger opportunities for successful treatment of the insane than in those commonwealths which are burdened with a certain amount of aged, effete, and decaying humanity.

Again, the managers of the homœopathic asylum at Middletown have often been requested (and these requests have been complied with) to admit to its wards, for treatment, patients who have for years been inmates of other asylums. This has been done (to the evident detriment of the asylum's curative records) for the purpose of accommodating those anxious friends of the insane who were clutching eagerly at the last straw of uncertain hope. It is but justice, therefore, to the homœopathic asylum, while considering its already notable achievements, to state also some of the disadvantages against which it has worked. But in spite of the fact that numerous cases, hopeless from the very outset, have been admitted to its wards, the triumphs achieved by the homœopathic asylum at Middletown have been such as to warrant the establishment and equipment of a similar asylum for the insane in every State of the Union. Not only would the cures wrought in such asylums compensate for their erection, but the competition thus excited would stimulate the managers of other asylums to better work and more scrupulous care; and thus the general effects upon all institutions for the insane would be beneficial in the extreme.

But let us proceed to an enumeration of the particular advantages that may be derived from the homœopathic treatment of the insane.

First. We believe that this method of treatment is safer, as well as more curative, than any other. Every physician knows the possible dangers which may arise from the administration of drugs in overpowering doses. This danger is peculiarly apt to occur in the treatment of the insane; and especially where the effort is made to subdue a disturbed patient by the use of large quantities of sleep-compelling medicines. To overcome the mental excitement of a case of acute mania by such means is a procedure that invites most unwelcome risks. Powerful medication may not only "quiet the patient," but it may likewise arrest or pervert the functions of the brain to an extent far exceeding the disastrous influences of the disease which the physician

is endeavouring to combat; and thus the new pathological changes induced by the drug may prove greater obstacles to recovery than the original malady. From a careful study of their histories, we are forced to the opinion that many patients have been hurried into dementia by the unwise use of subduing sedatives, who might, under milder medication, have been permanently and safely restored to physical and mental health.

Moreover, when a patient is placed under the benumbing influences of such remedies as hydrate of chloral, or the bromides, it is impossible after that to detect with accuracy the actual condition, progress, and severity of the disease which one is attempting to treat. The work of curing the sick in such cases has degenerated to a game of blind-man's-buff. The physician's eyes are bandaged, as it were, by his own hands, and, thus equipped for battle with disease, he blindly and vainly attempts to catch a cure. But too often, alas! for the patient, the Fates do not favour him.

Secondly. Patients who recover under homœopathic treatment are less liable to relapse than those who are supposed to recover under massive dosage. Nor do they suffer from the after-effects of extensive medication. We have no such camp followers or disabled veterans as "chloral drunkards," or "victims of the opium habit;" nor are our patients, once freed from the thralldom of disease, henceforth pursued by that Kakus band of brain-robbers,—the bromides.

Those who recover from their insanity by the use of homœopathic medicines regain their normal mental status gradually, but steadily and surely; and they leave the asylum with their systems unvitiated by huge potions of destructive poisons. Drug danger to the human system can hardly be over-estimated. For evidence of this fact witness the vast, weary army of those who will suffer to the end of life from mercury and opium, from chloral and bromide of potash. These drugs are like fire and water, useful and obedient servants when carefully and economically applied, but most dangerous elements when turned loose *en masse* to wreak their destroying powers within the temples of helpless unfortunates.

Thirdly. Upon the score of economy, we may urge the establishment of homœopathic asylums and hospitals for the treatment of the insane and sick. During the year

1876 there were treated at the Homœopathic Hospital on Ward's Island, N.Y., 3,077 cases, at an average yearly cost, for drugs and liquors, of fifty-three cents for each patient. At Charity Hospital, on Blackwell's Island—an institution under old-school management—there were treated 8,621 cases, at an average cost, for drugs and liquors, of \$1.53 for each patient. The saving to the city of New York, in this instance, had homœopathic treatment of these patients been substituted for the "regular" methods, would have been \$8,621,—a sum large enough to purchase *over one thousand barrels of flour!*

The death rate during that year at the Homœopathic Hospital was six and one-tenth per cent. The mortality at Charity Hospital during the same year was eight and one-eighth per cent. So it seems that in this instance, at least, the greater the amount of drugs used the larger the death rate became.

Fourthly. We claim that under homœopathic treatment the beneficial effects of good diet, of employment, of amusement, and of all measures essential to speedy and sure restoration of the insane are more favourably manifested than under a system of practice where the forces of nature are disturbed and overpowered by the use of unnecessary quantities of deleterious drugs. The stomach that is superfreighted with medicine cannot receive and digest with its customary readiness and power the food which is necessary to recuperate a body that is worn and enfeebled by disease. A brain stupefied with narcotics cannot perform even simple tasks or engage in light amusements with that zest, enjoyment, and benefit characteristic of a brain uninfluenced by such abhorrent forces.

Fifthly. The administration of the laws of kindness is most readily accomplished in an institution where benign medication prevails. The patient whose faculties are uncanceled by the obliterating juice of the poppy, or unburdened by the effects of strange compounds from the pharmacy, is one who most readily appreciates the efforts made for his restoration by those around him. Though suffering from the cankering curse of disease, he is yet free from the more aggravating stupor of drugs; and in many instances he enjoys most heartily his freedom from obfuscating medicine, as well as his privileges in other directions.

Sixthly. In an asylum where homœopathic treatment prevails, the patients are but little inclined to delusions of

poisoning; and if such delusions do arise in the minds of the insane they are more quickly dispelled under mild than under heroic medication. To allay, by gentle measures, the fears of the insane that they are being killed or tortured by poison, is one of the happiest achievements of the earnest and philanthropic alienist.

Seventhly. Where mild medicines, in palatable and attractive form, are given the insane, there is usually no disgust excited in their minds; nor is hatred engendered in their hearts against their attendants. Hence, little or no *force* is required in their administration. And to avoid a necessity for restraint, in the treatment of the insane, is to keep pace with the requirements of our times.

We have presented a few of the reasons why we believe homœopathic treatment for the insane to be the best that is known; and we trust that these reasons will receive the thoughtful consideration of those who read them.

SOME NOTES OF A RECENT VISIT TO PARIS.

By M. ROTH, M.D.

DURING a short stay in Paris this spring, I had opportunities for making some observations on matters of medical interest, a few of which I send for publication in the *Review*.

Depôt Central de la Préfecture.

In this depôt the daily average of arrested persons is about 250. Among them are many who have not committed any offence, but have been arrested as vagabonds. Not a few try to be arrested for the purpose of obtaining a sleeping place for one night, and of getting some soup for breakfast. The place is divided into departments, for males and for females, besides which there are special rooms set apart for old people, and seven for children who are detained for vagabondage, for theft, or from having been deserted by their parents.

With the permission, and by order of the director of the depôt, the brigadier took me through the various rooms. The majority of them are insufficiently lighted, the single cells are provided with good beds, a table, chair, and notwithstanding a kind of w.c. being in the cell, no bad smell could be observed. Besides the cells for the boys, there were a few small rooms fitted up for insane persons,

such as had a sudden attack of mental disease. Within twenty-four hours a number are liberated, if not accused of any special offence, the sick and insane are sent to the hospitals, the others sent to the various prisons and institutions. The principal object of the dépôt is to serve as a transitory place for the 250 persons arrested during the previous day.

Dr. Tripier's Treatment of Uterine Fibrous Tumours.

5th April, 1882.—My old friend, Dr. Tripier, invited me to see his treatment of these complaints; during the last few years, he has tried, partly through electrolysis, partly by local application of absorbent medicines, to relieve and to cure the uterine fibroma—which is very frequently developed without the patient knowing that she has any tumour. Dr. Tripier has made experiments with many medicines, and at present he uses mostly the “jodure de potassium,” which is mixed with various articles to give it a cylindrical form, which is injected through a small tube into the cavity of the uterus—this injection is repeated every other day except during the catamenia. Amongst the ten patients whom I have questioned about their symptoms, all told me that they feel much better; one who could neither walk nor stand, and who was obliged always to be in a lying position, mentioned as a proof of her improvement, her power of walking a certain distance, and going up stairs to the doctor, who lives on the second floor; another, who suffered much from pain, constant nausea, and actual vomiting, had lost these symptoms. At any rate my friends who are more specially engaged in the treatment of female disease and uterine tumours, will find it very useful to be more fully acquainted with Dr. Tripier's treatment.

Assistance aux Mutilés Pauvres. The Society for Assisting the Mutilated Poor by giving them gratis artificial feet, legs, arms, and hands, &c.

6th April, 1882.—On the day before I left Paris, Count de Beaufort, the philanthropic and indefatigable honorary secretary of this society, which he originated in 1868, was so kind as to call on me at the hotel for the purpose of giving me all the information regarding the society, which enables the poor amputated, especially in the country, to do some work by providing them with

artificial limbs; it thus prevents mendicity, and improves the moral condition of the mutilated through occupation and work. The society supplies not only French but foreign poor with artificial limbs, which are manufactured by Mr. Werber, the orthopædic instrument maker, of 20, Rue de Richelieu, Paris, at cost price, and in many cases, even at less than his own expense, as he is very kind to the poor. Every applicant for an artificial limb has—

1. First to show a certificate of poverty.
2. To give his name, place of abode, circumstances of his family, the cause of the amputation, his previous and present occupation.
3. He must promise to inform the general secretary within one month how the artificial limb works.

The annual subscription is 1 franc, or ten pence; twenty francs (16 shillings) paid at once gives the title of a perpetual subscriber.

Count de Beaufort accompanied me to Mr. Werber, who showed me the various apparatus, which have been in the first instance planned by Mr. De Beaufort, who had the idea of taking pincers as his model for a useful hand. Thus working men are able to grasp firmly any object they have to work. In other apparatus the hand and fingers are placed in a curve, while the thumb only is moveable. The feet and legs are also constructed on a very simple plan, and the expense for the various contrivances varies from 16 to 25 shillings. Those who are more interested in the subject will find an interesting paper in *Macmillan's Magazine*, written by Miss Wyse, of Frant Court, Tunbridge Wells. I may also call attention to a pamphlet, *Recherches sur la Prothèse des Membres*, par le Comte de Beaufort, published in 1867 by Asselin, which the author was so kind as to give me a few years ago. It contains many interesting facts, amongst others the first attempts of the mutilated after obtaining an artificial limb. Thus a woman made the first use of her artificial hand to write the word *merci* (thanks). A gentleman sends a specimen of his writing with his left hand, and finishes with the right artificial hand; a copy of the writings is reproduced, and finishes with the remark that the writer prefers to write with the artificial right

hand. While thanking Count de Beaufort for his kind attention in making me acquainted with these and many other details, I hope that there might be amongst the readers of this note some who will endeavour to establish a similar society in Great Britain, and thus benefit many mutilated poor by enabling them to do some work and to prevent them from begging in the streets.

CLINICAL PROOFS OF THE EFFICACY OF INFINITESIMAL DOSES.*

By DR. P. JOUSSET.

On the 15th of February I was called to attend M. H. The patient is a man of sixty-four years of age, very stout and florid, and leading a very active and busy life. He has a chronic gouty inflammation of the right knee.

For the last three days the patient has been attacked each morning with supra-orbital neuralgia of the left side. The pain begins quite slightly with a well-marked sensation of coldness. It increases progressively, and attains its climax at the end of three hours. It is then accompanied with great heat. It persists to the same extent during an hour, then decreases gradually, and disappears entirely in the afternoon.

This neuralgia, then, presents three hours of increasing pain, one hour of intense pain, and three hours of diminishing pain. The first morning it commenced at nine o'clock, the second at eleven, and the third again at nine. It was, then, a very characteristic neuralgia of a doubly intermittent type, indicating the use of *quinine* in large doses; and if, as is probable, cure had followed sufficiently frequently repeated doses of this medicine, no medical man would have denied the curative virtue of *sulphate of quinine* in the treatment of this case of malarial fever.

Nux vomica in the 6th, 12th, and then the 30th dilution was administered. The disease was modified from the first day of its use, and it was completely cured in four days. From what blindness, then, can one refuse to infinitesimal doses of *nux vomica* the credit which one accords to strong doses of *quinine*?

The third day of the illness I prescribed *nux vomica* 6, two drops in a hundred grammes of water (= 3 iij), three

* Translated from *L'Art Medical* by Dr. C. L. Tuckey.

spoonfuls to be taken in the intervals of the attack—the first just before dinner, the second on going to bed, the third on waking in the morning.

4th day.—This was the day on which the attack used not to begin until eleven o'clock. It was almost completely absent; there were only some slight twinges of pain between eleven and four o'clock. The same medicine was continued.

5th day.—The attack appeared at nine o'clock as usual, and lasted very severely until four o'clock. The same prescription was continued; only instead of two drops of 6 I prescribed four globules of 12 in a hundred grammes of water.

6th day.—No attack. The neuralgia was evidently becoming tertian. *Nux vomica* 12 continued.

7th day.—The attack did not come on until two o'clock; it was much less violent, and indeed the patient suffered but little from it.

I prescribed then four globules of 30 in the same quantity of water as before, to be used in the same way. For three days this medicine was continued in the same strength as a measure of precaution, but there has been no return of the malady.

What can you reply to this, you who condemn small doses? You who do not believe in the homœopathic law, and who are well satisfied with your incredulity, because if you believed you would practise it, and that would be repugnant to you; this is always the reasoning of men who are blinded by prejudice and scientific dislike; there always is this stupid obstinacy in denying what you think is not in accordance with ordinary science. However, some physicians of better spirit and of less obstinacy do not reply to these facts by absolutely denying them, but attribute them to a coincidence. A cure has taken place at the same time as an insignificant dose of *nux vomica* was being given, but of course the medicine had nothing to do with it. It was just a case of intermittent neuralgia cured by nature. But if you had given *sulphate of quinine* in the dose of a gramme after the first attack, and the disease had not returned, you would not have doubted but that the medicine had cured your patient.

Coincidence, spontaneous cure, you say. Very well; but M. H. has twice before suffered from similar attacks of supra-orbital neuralgia. The first was five or six years ago, and it resisted for eight months enormous doses of

quinine, injections of *morphia* constantly repeated, sea voyages, and baths. The treatment was carried out by Dr. Hillairet, and by Dr. Delpêch, my former colleague, and after eight months of this terrible treatment—and useless as terrible—M. H. consulted me, and was cured by *nux vomica* 12 and 30 in a few days!

But M. H., who seems fated to prove the efficacy of infinitesimals, had again another attack of the neuralgia in September, 1880, and I once more cured him with *nux vomica* 12 and 30. And you call these facts coincidences!

Confess, then, that there is still one side of medicine of which you know nothing and which you ought to study. Ah, you say, very likely—but this M. H., this big gouty man is a sensitive subject, and infinitesimal doses of *nux vomica* would not succeed with another patient. But this argument, again, has not a leg to stand upon. Open the *l'Art Medical* and you will find a number of similar cases. At page 338, vol. iii., you will read of several cases of sub-orbital and supra-orbital neuralgia occurring every morning, and of intermittent fevers cured by *nux vomica* in the thirtieth dilution. Volume xi. contains on page 448 an account of a morning, intermittent, facial neuralgia cured by *nux vomica* 12. And, finally, in volume xv., page 195, you will find a case of intermittent morning supra-orbital neuralgia cured by *nux vomica* 12, after resisting three doses of *quinine*, two of a gramme and a quarter and another of a gramme and a half.

However, physicians familiar with the method of Hahnemann know that the curability of supra-orbital neuralgia of an intermittent type, with morning exacerbation, is an acknowledged fact in homœopathy.

A Case of Intermittent Fever of Panama cured by Nux Vomica 30.

M., aged 22, is affected with intermittent fever, contracted at Panama, and with considerable engorgement of the spleen. It is unnecessary to say that *sulphate of quinine* has been administered with a lavish hand, but though it has to a certain extent checked the paroxysms of fever it has not cured the patient.

28th May, 1881, Adrien R. arrived at the Isthmus of Panama to work as a porter on the canal scheme.

28th July, 1881. On this day, he says, there was a heavy fall of rain, followed by suffocating heat. On the

same evening he was seized with a violent shivering, and on the 1st of August he entered the hospital, where he remained until the 14th of September.

The feverish fits were quotidian, and always came on about 5 o'clock in the evening and lasted until 1 o'clock the next afternoon. During the fits he was very sleepy, had singing in the ears, felt in a state of nervous tension, followed by nervous exhaustion.

At the same time he had attacks of colic, without diarrhoea; and his liver was much increased in size, at least, so said the doctor in attendance.

Treatment.—He was given *sulphate of quinine*, and *sulphate of quinidine* in doses of from 45 to 50 centigrams, with *sulphate of iron* and *cinchonine*.

On September 24th he left the Isthmus on his return to France.

On November 8th, 1881, he entered the hospital of La Charité, and became a patient under Dr. Desnos, and he was there treated, as he says, for pain in the region of the spleen of a very violent character and for general anæmia. He was treated with *quinine wine*.

On the 22nd November he left La Charité, and on the 7th December he became an inmate of La Pitié, under Dr. Audorey, and there he remained until January 22nd, 1882. Here he was treated for anæmia, for hepatic colic, with severe pain on a level with the right breast, and pains in the right thigh. Treatment—Injections of *morphia*, *iron*, *digitaline*, blisters to the thigh.

From the 1st to the 16th of February there were daily attacks of fever, with painful shootings in the kidneys and shoulders. The fit used to begin in the morning about half-past seven, and last until three in the afternoon. The two last fits before he entered St. Jacques' were of the tertian type.

From the 1st to the 16th of February the patient took no medicine.

February 16th he entered St. Jacques'. Report.—The patient is a large-sized man, with a yellow tawny complexion. The spleen is very enlarged (16 centimetres). On the inner side of the right thigh, a little above the internal condyle, there is a point very painful to pressure. Treatment—*China* 80.

17th.—No fever. Continue *china*.

18th.—About two o'clock in the afternoon he felt a rigor,

and went to bed. The thermometer was used towards the end of the fit, and marked 38.6 (centigrade). Continue *china*.

19th.—No fever.

20th.—At half-past eleven in the morning another fit was ushered in by a rigor, and continued until 5 o'clock in the afternoon. About the middle of the fit the temperature was 40.2 (centigrade). Continue medicine.

21st.—No fever. Continue *china* 30.

22nd.—A fit commenced with a rigor about half-past eleven in the morning, and lasted until four o'clock in the afternoon. Temperature 40.3 (centigrade). After the fit was over, *nux vomica* 30 was prescribed.

23rd.—No fever. Continue *nux vomica*.

24th.—A fit began at one and lasted until five o'clock in the afternoon. Temperature 38.8 (centigrade). Continue.

The fits of fever now ceased for five days, but the medicine being discontinued, on the 2nd of March there was a relapse. *Nux vomica* 30 was again prescribed and continued, and there were no further attacks. On the 1st of April the patient was dismissed cured and fit for work. The spleen had then diminished to nearly its normal size, but the painful spot in the thigh was in the same condition as when he entered the hospital. His general condition had greatly improved.

In conclusion, a young man is stricken with intermittent fever at Panama: he returns to France, and his feverish fits are checked. But the malarial cachexia and the hypertrophy of the spleen resist *sulphate of quinine* and change of climate. The fever reappears on February 1st, in the tertian form, and so exists, when the patient is admitted into St. Jacques', on February 16th. *China* 30 is prescribed and continued for several days, but in vain. The fits of fever became daily worse, their onset being now in the morning.

Nux vomica 30 is prescribed, and it checks the fits. It is left off too soon, and the fits reappear. It is given a second time, and the fever altogether ceases, and the general condition of the patient rapidly improves. The action of the medicine is again, then, in this case, incontestable.

But, now, do not suppose from these cases that all medicines attain their greatest power of cure in all diseases in the 30th dilution. Beware of this seductive theory, or

you will leave the path of experience, fall into ways of routine, and rapidly drift into the absurdest exaggerations of the pure high dilutionists. Do not forget that our therapeutics rest on the basis of the *Materia Medica* of experience and upon positive indications; that the spirits of hypothesis and sectarian feeling are our greatest enemies; and that it is less permissible for us to neglect clinical facts than it is for others.

I can only add this, that for seven years I practised medicine in a country subjected to intermittent fevers, and *never* during that time succeeded in checking an attack with globules of *sulphate of quinine* 30. What conclusions are we, then, to draw from these facts?

First.—That the curative dose varies with the disease, and with the medicine we prescribe.

Secondly.—That we cannot deny the curative action of infinitesimal doses in certain cases, unless we give prejudice the place of experience, and this would be absurd.

HOMŒOPATHY AND MEDICAL ETHICS IN THE STATE OF NEW YORK.

THE determination of the Medical Society of the State of New York to break down the barriers which were erected some years ago to separate homœopathic and non-homœopathic practitioners, is creating no small degree of excitement throughout the American Union. It is, we believe, generally supposed that at the next annual meeting of the American Medical Association some effort will be made to counteract the efforts of the New York Society. That any attempt of this kind will meet with success is improbable enough. Meanwhile, in various directions, efforts are being made to sustain the measure which has been adopted in New York.

In the *New York Medical Times* we find the following important extract bearing on this question from the *Medical Record*, published in the same city:—

In the *Medical Record* of May 13th we find the opinion of Prof. Theo. W. Dwight, LL.D., the eminent jurist, in response to a request of Dr. Agnew (one of the committee which reported the new code) for a study of this subject, upon data furnished by the “old code,” the “new code,” and the editorials, excerpts, etc., of certain medical journals. It seems to have been the aim of Dr. Agnew to

obtain an intelligent and unprejudiced criticism of the questions involved, in the light of pure ethics, and he could not have selected one more able from every point of view, to make an impartial study, as evidenced by his report, a synopsis of which we reproduce here:—

“The rule, as I understand it, is as follows: ‘*Rules governing consultations.* Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, ‘yield to the demands of humanity.’ I find this section in a ‘Code of Medical Ethics’ laid down by the society for the guidance of the action of its members in matters of morality and conscience. One of the leading divisions of this concerns the relations of physicians to the public, another the rules concerning consultations, while the third division applies to the relations of physicians to each other. All of the points, as far as I can observe, concern moral relations, including the general observance of the rules of kindness, good feeling, and humanity toward all men suffering pain and disease who can be relieved by medical skill and attention, as well as the duties of courtesy and mutual aid toward professional brethren.

“In the outset, it must be fairly presumed that medical ethics are but a branch of universal ethics of morality. They are but the application of the general rules of morality to special cases. All intelligent men who have a cultivated moral sense are capable of judging of them. They ought, then, to square with the rules of general morality. Any special medical rule professing to be ‘ethical,’ which is based on a violation or restriction of the great rules of morality, is in itself ‘unethical,’ opposed to public policy, and fraught with evil and disaster to the non-medical public as well as to physicians themselves.

“From this point of view, the rule that I have quoted above must be interpreted. There is another cardinal rule of interpretation to be stated. This is, that the whole of the rule of the society must be taken into account. It must be considered with its qualification. Fairly interpreted, the rule has the following prominent points:—(1). The members of the State Medical Society may meet in *special cases* in consultation ‘legally qualified’ practitioners of medicine, not members of the society, in fact any and all of that class, notwithstanding general *restrictions* on this subject. (2). The special case referred to is an ‘emergency.’ An emergency is a matter of pressing necessity—an unforeseen casualty—a sudden occasion (‘Worcester’s definition of Emergency’). (4). The object of giving way to the ‘emergency’ is ‘to yield to the demands of humanity.’ (See the

rule.) Still more, the rules, as I observe, apply equally to physicians and surgeons. All through the code, medical and surgical practice is referred to. Under this rule, the question might arise whether a 'legally qualified practitioner of medicine' might call in consultation an eminent surgical practitioner of another school. The question might be as to the direction of a gun shot wound, whether it extends from below upward, or from above downward. This may be vital to the treatment, and his opinion may be to the last degree important, and so in a thousand other cases where all schools of medicine act in common. The object of the consultation, I repeat, is the demands of humanity. It is the suffering patient who requires it, and who may have no other succour. (4). The regulation is permissive. No one is required to follow it. If you ask how shall abuse be avoided, the answer is, the physician who is called in consultation must *exercise his own judgment*. To that in the end all questions of ethics must come. Ethical rules are established only to guide the judgment. The great value of the new rule, if it have a value, as I am sure it has, is that it substitutes an elastic for an iron-clad rule. The Medical Society says in substance to the practitioner, we will not place you under a stern rule without any exceptions. We retain the *general rule* by implication. Humanity may demand its relaxation. Whether it does so or not in the special case, we, as a society, have no means of determining; of that we must leave you, the practitioner, in possession of the particular facts in the case, to be the judge.

"Having thus considered the true scope and purport of the rule, the remaining question is, Is it right? Is it ethical? The question answers itself: Shall a true physician hesitate before any lawful acts when driven to it by the 'demands of humanity?' The patient does not exist for the rule of the profession, but the medical profession always and everywhere for the good of the patient. It is *par excellence* the profession which deals with man in a 'matter of humanity.' Take away from it that element, and you shear from it its royal prerogative. If this rule is not right, then it should be put in this form: 'Members of this society shall not consult with legally qualified practitioners of any other society than our own, not even if an emergency arises in which the demands of humanity require it.' Can any right-minded physician vote for such a resolution? And yet is not that the position that the opponents of this regulation must take? I should say unhesitatingly that any such ground taken expressly or by implication is contrary to public policy and worthy of public reprobation.

"There is another suggestion which may not be out of place. The State Medical Society exercises a right conferred on it by the statutes of the State. It is not a mere voluntary society,

but has certain compulsory powers conferred upon it by law. It profits by the exclusion of unqualified persons from practice. When the State authorises practitioners of other schools to practise medicine, does not courtesy to State authority dictate recognition of their fitness for association? How can the State Medical Society consistently demand public recognition by reason of State legislation, and yet deny it to others who have precisely the same authority.

"I cannot but think that the rule that you have brought to my attention is sound and salutary, and worthy of the advancing stage of medical thought and ethical refinement. Let us never sacrifice the demands of humanity to professional etiquette, nor imitate the poor King of Spain, who is reported to have lost his life because, by the laws of a rigorous Spanish ceremonial, no one was at hand who was professionally competent to move his chair from the fire that was slowly gnawing at his vitals."

Our contemporary then makes the following comments on this opinion :—

"In view of the foregoing, how narrow and insignificant appear the sentiments of some of our contemporaries in this discussion, who talk of licensing the quack for affiliation with the educated physician.

"We have no defence for quacks, for lack of education, or for that laxity in ethics which begets either of these; neither are we unmindful of the fact that the public needs protection from the hoard of pretenders which prey upon it, and it is just as important that there should be legal restrictions guarding the portals of the medical profession as of any other. Experience, the world over, has shown the necessity of safeguards, both in behalf of the professional body and also in protection of the public from imposition.

"The legal profession has found it necessary to protect itself and the public, by means of statutes in their behalf, and the Bar Association is ever on the alert for offenders against the ethics of morality, honesty and justice, and upon the same grounds the medical profession not only has a right but is bound to proceed. For this purpose the precepts of the 'Golden Rule' are sufficient! Our friends in this controversy should not lose sight of the fact that the quacks, the uneducated and the pretenders, are not confined to any particular school or sect, for they are to be found in all, and it should be our purpose to ferret them out, no matter what the consequences, and to so guard the future that the possibility of their getting in be reduced to the minimum.

"It is a well-known principle of consultation, in case of disagreement of the consultants, that the points of difference shall be stated to the patient or to his representative, and the decision as to who shall have the further conduct of the case is left with

the party most interested, thereby granting to the patient all the rights and advantages that could accrue from such deliberation. In case an emergency should bring together consultants whose views could not be reconciled, the course to be adopted is obvious, the patient would not be allowed to suffer on account of it, and there would be no humiliation of either consultant. This state of things sometimes occurs, and it would doubtless be better for the patient if it were more frequent, for it too often happens that consultation is a mere *farce*, consequent upon a forced agreement, or *quasi* indorsement of the treatment being employed. In view of this state of affairs and of the *fact* that the various so-called schools differ only in a single point and that of therapeutics, we do not see wherein lies the objection to consultation of practitioners of differing views. On the contrary, it might result in a greater good to the patient to say nothing of the possibility of its being of service to either or both of the consultants.

“It has often been our lot to consult with colleagues of different therapeutical beliefs, and a compromise of principles has never thus resulted, although we can imagine cases in which agreement would be impossible on account of lack of knowledge of that mode of procedure known only to our school.

“The old school practitioner must become familiar with all therapeutic means before he can expect to be of service in a case in which that principle may enter as a factor. It is astonishing how self-satisfied some of these ‘regulars’ are with their knowledge of therapeutics, notwithstanding their ignorance of the individualisation of drug effects and of the application of small doses.

“They argue as if they knew it all, and there could be nothing outside their narrow limits worth knowing.

“Our local society ‘declares that it regards with disfavour any steps taken to lessen or obliterate the distinction and safeguards between an honourable practice of medicine founded upon science and that founded upon any of the current delusions and exclusive medical systems of the day,’ and it arrogates to itself the ability and right to decide these points with a knowledge of only one side of the controversy.

“They dare not study our indications for the use of medicines, and when they do snatch a bit of experience from us, they herald it as originating in their own brains.

“It is evident that honesty and justice requires different treatment, and this must be insisted upon before consultation can become general and of universal service to the public.

“At a time, as at present, when our school is in a most flourishing condition, its number of adherents rapidly increasing, its number of practitioners receiving recruits daily from the

ranks of the old school, its institutions being built up so that now nearly every city of any size has a hospital and other organisations distinctively its own, it would be useless to suggest a dishonourable or unfair capitulation.

“All we ask is that we receive that treatment which is becoming to all gentlemen. Our position is one which entitles us to demand such terms, and we are going to insist upon this, or the ‘flag of truce’ will have been in vain.

“It is quite amusing to observe how the rank and file, including some medical journals, are whipped into line and silence, after giving expression to sentiments of a liberal character regarding this matter.

“What a glorious spectacle will be presented when the American Medical Association, through its three hundred or so delegates, attempts to discipline its thousands of members by means of punishment to be applied to a portion within the Empire State! If we are not mistaken these members will not quietly submit to the castigation, but will be found fully equal to their own defence unless they see fit to ignore the meeting altogether!

“Much has been written about the insignificance in point of numbers of the body which adopted the ‘new code,’ but as far as we can see, the gathering was much larger proportionately than such meetings generally are, and the sentiments adopted were as fair exponents of the universal feeling as representative bodies usually express. That there was no attempt to spring a trap is shown by the fact that the subject-matter had been under consideration for a year or more in the hands of a committee. It is fair to presume that the profession in general throughout the State could have held no very serious objections to the proposed code, or it would have been defeated. The principal point at issue seems to have been between no code at all and the one which was adopted. It is now asserted upon good authority that the code will be abolished entirely at the next meeting of the State Society, leaving the question of consultation in the hands of the individual practitioner to decide for himself in each particular case.”

REVIEWS.

Supersalinity of the Blood; an Accelerator of Senility and a Cause of Cataract. By J. COMPTON BURNETT, M.D. London: Homœopathic Publishing Company. 1882.

In the pathogenesis of *Natrum Muriaticum* and in efforts to cure cataract by medicines, Dr. Burnett has already shown an active interest. In the little book before us he examines the

experiments made in Germany by Kundé and Köhnhorn, and in England by W. B. Richardson, which go to prove that a persistent dosing of cats and frogs with common salt, culminates in the production of a form of cataract. "The physiological effect of salt," writes Dr. Burnett, "is to dry up; and when any portion of the living tissue gets too dry, then, if the exsiccation persists, the vital state of the tissues is altered, and morbid metamorphosis may ensue."

Such, Dr. Burnett believes to be the action of salt upon the tissues of the lens. The tissues of the lens being thus capable of modification in a morbid direction by a substance acting specifically upon them, he argues that the disease ought to be cured in a like manner. It having been proved by the authorities already mentioned that salt produces cataract in cats, frogs, pigs, and fish, Dr. Burnett has enquired whether there is any connection between the development of cataract in the human subject and an unusual *penchant* for table salt. In support of the opinion that free indulgence in salt will cause the lens tissue to degenerate, he adduces twelve examples of cataract occurring in persons accustomed for many years to take salt in unusual quantities. No one knows better than Dr. Burnett that a dozen observations *prove* nothing, but at the same time they do suggest the possibility, and more than the possibility of such a connection. The enquiry is a very simple one, and were the salt-eating habits of every cataractous patient consulting the same practitioner during a certain period of time enquired into, the interesting and really important question raised by Dr. Burnett might be in a fair way of being answered.

As we have now an ophthalmic department at the London Homœopathic Hospital, an enquiry of this kind might very well be set a-going there.

We commend Dr. Burnett's book, and the careful consideration of the enquiry it suggests, to our medical brethren.

The New Handbook of Dosimetric Therapeutics, or the Treatment of Disease by Simple Remedies. By Dr. AD. BURGGRAEVE. Translated from the French and Edited by HENRY ARTHUR ALLBUTT, M.R.C.P.E. and L.S.A., &c. London: David Bogue, 1882.

In 1868 Dr. Burggraeve, the senior surgeon of the hospital at Ghent, published a little book entitled *Méthode Atomistique, ou Nouveau Mode de Prescrire les Medicaments*, of which we gave some account in the September number of our *Review* in that year. M. Burggraeve's new method consisted then "in triturating a medicine with sugar of milk for two hours or less, in order to reduce it to an atomistic condition." "Of a medicine

so prepared," he said, "the dose to be given is a millegramme" (1-65th of a grain). The prolonged trituration was clearly stated to have been adopted for the purpose of increasing the activity of the substance by affecting molecular division.

The administration of substances so prepared and dispensed as "granules" M. Burggræve dignifies with the name of a "system of medicine." To us it appears as simply a pharmaceutical process. In the book before us we are told what "granules" ought to be prescribed in every form of disease; but on what principle one medicine is preferred to another we have no information whatever. In many instances it would appear that the medicines ordinarily prescribed in certain conditions by homœopathists are those which are most esteemed by M. Burggræve, while in others there would seem to be no obvious reason why they are recommended. Thus (p. 188) we are told that in pleurisy "the first symptoms, such as initial shivering and pungent pain, are sufficient to indicate the necessity of giving *strychnine* or *quinine* (*arsenate*), *digitaline*, and *cicutine*," though why we should do so does not appear.

Really, the only fact that appears clearly stated in Dr. Allbutt's translation is that "no granules are genuine or reliable but those which are manufactured by M. Chauteaud, the eminent Parisian pharmacist. To them only has Dr. Burggræve attached his signature as proof of their reliability." As the mode of preparation of such alkaloids as *aconitine*, *digitaline*, *quinine*, *strychnine*, and the like is well known to pharmaceutical chemists, there is, we presume, somewhat of mystery attaching to the manufacture of M. Burggræve's granules. Such being the case, we can only regard this book as a long drawn out advertisement of the pharmaceutical preparations of a French chemist. It certainly sets forth no "system" of therapeutics whatever.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

WE gladly draw the attention of our readers to the alterations in the out-patient department of the Hospital, which have been in operation since the 1st June.

A special section for Diseases of the Eye has been opened lately under the charge of Dr. Byres Moir, and there is already a satisfactory number of cases under treatment. The daily average of in-patients for the last few weeks has been 50.

The managers have just received a present of a cot for the "Barton" (Children's) Ward, from an old friend of the Hospital.

The return of patients admitted to June 7th, affords the following statistics :—

Remaining in Hospital at date of last return		
(May 9th)	53	
Admitted between that date and June 7th ...	45	
	—	
	98	
Discharged during the same period	46	
	—	
Remaining in Hospital on June 7th	52	

The number of new out-patients during the period from May 9th to June 7th has been 526.

The total number of out-patients' attendances during the same period has been 2,008.

Out-Patient Department.—On and after the 1st June, 1882, medical officers will be in attendance in the out-patient department of this Hospital daily (Sundays excepted) at 8 p.m., for the treatment of General Diseases of Men, Women and Children. Medical officers also attend at 8 p.m.: for Diseases of the Eye, every Monday and Thursday; for Diseases peculiar to Women, every Tuesday; for Surgical Cases, every Tuesday; for Diseases of the Skin, every Thursday; for Diseases of the Ear, every Saturday.

The doors for the admission of out-patients are opened at 2.30 p.m., and closed precisely at 8.30 p.m.

Out-patients will not be admitted after the doors are closed.

The dentist attends every Monday at 9 a.m.

HOMŒOPATHY IN THE UNITED STATES.

THE tone in which homœopathic practitioners have received the alterations in the code of so-called "ethics," recently resolved on by the Medical Society of the State of New York, indicates the strength of the position held by our colleagues across the Atlantic. In reference to this subject, one which appears to be very generally discussed at the present time throughout the medical journals of the States, *The Hahnemannian Monthly* (June) writes as follows :—

"If it should ever come to pass that allopathic physicians, in their relation to homœopathic physicians, should govern their conduct by those principles and precepts which characterise the acts of gentlemen, it would, of course, be a glad day for homœopaths—glad simply because the profession, of which they form a part, would thus be cleansed of its deepest disgrace, and all physicians could then look the members of other learned professions right in the face, and not feel themselves the butt and laughing stock of Christendom.

“But what other benefit would it be to us? The time was when homœopathic physicians were in sore need of the privileges of consultation with allopathic surgeons and specialists, because they had none in their own school. Now, however, we are well supplied with both, as well in quality and almost in quantity as is the other school. Our pathologists and diagnosticians are also rapidly taking rank with theirs. As to questions of treatment, all progressive homœopathic physicians are to be regarded as therapeutic *specialists*, and if one of them should call an allopath to aid him in the selection of remedies, he would be regarded as far advanced in cerebral degeneration. As well might a well-skilled ophthalmologist take counsel with a general practitioner respecting the treatment of a cataract or a glaucoma. We have no possible interest, then, in the solution of the consultation question, save only as it may affect the honour of the profession of medicine.”

HOMŒOPATHY IN CLEVELAND.

It affords us pleasure to present the following authentic reports of the results of practice in two of the public institutions of Cleveland, and the ratio of deaths of the Allopathic and Homœopathic Schools of Medicine for the year 1881.

The Cleveland Orphan Asylum, which was for two years under the medical direction of Dr. F. H. Barr, had three epidemics: scarlet fever, measles and diphtheria. Though malignant in character, all recovered.

For the eleven years Dr. Biggar was surgeon-in-charge of the Cleveland Workhouse, 11,789 patients were treated, 25,068 prescriptions dispensed. There were 85 deaths. A comparison with the best mortality reports of other workhouses gives this institution a ratio of mortality 86 per cent. better than the Detroit Workhouse and 57 per cent. better than the Allegheny, and 450 per cent. better than the Ohio Penitentiary.

For the year 1881 the ratio of deaths in Cleveland to each allopathic doctor is 16.54, and for each homœopathic doctor 7.48—a percentage of 121.12 better than the allopathic school.

Of all reported cities, the homœopathic doctors of Cleveland have the smallest ratio of deaths and the largest percentage over the allopaths.

THE AMERICAN OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.

At the meeting of this Society held at Indianapolis on the 14th ult., during the sessions of the American Institute of Homœopathy, Dr. Dudgeon, Dr. Burnett, and Dr. Cooper were elected honorary members.

THE LONDON SCHOOL OF HOMŒOPATHY.

WE have much pleasure in stating that Dr. DUDGEON has, at the request of the committee of this Institution, consented to deliver the Hahnemann lecture at the opening of the ensuing session.

The lectures for the month of July, on "The Principles of Homœopathy," will be delivered by Dr. HUGHES, as follows:—

July 6th.	"The Philosophy of Homœopathy."
„ 18th.	"Hahnemann's Theories."
„ 20th.	"The History of Homœopathy."
„ 27th.	"The Claims of Homœopathy."

HOMŒOPATHIC INTERNATIONAL CONVENTION, 1881.

THE following is the balance sheet presented by the treasurer:—

Income.				Expenditure.			
	£	s.	d.		£	s.	d.
By Subscriptions	188	18	5	Postage	1	0	6
				Printing	12	18	2
				Reporting	40	0	0
				Hire of Room ...	24	14	0
				Conversazione at the			
				Dilettante Club	22	0	0
				Sundries	3	10	9
				Paid Dr. Hughes to-			
				wards <i>Transactions</i>	79	10	0
	£188	18	5		£188	18	5

FRANCIS BLACK, *Treasurer.*

Examined and found correct,

ALFRED C. POPE,

Pro Committee.

LEAD POISONING.

Two deaths having lately taken place in the North of England from lead poisoning, notwithstanding the fact that the best known safeguards for securing the health of the workpeople had been taken by the owners of the works, leads to the question whether there are any antidotes for preventing lead seriously affecting the health of those engaged in its manipulation. At Hebburn, on the Tyne, there are extensive works where the de-silvering of lead is carried on by Pattison's beautiful process, and where white lead is made on an extensive scale. In the latter branch in particular a good many females are employed, some of them in putting the lead through the rolls; but with respect to all of

them most stringent regulations are laid down, so as to prevent the lead affecting them in any way. There are baths and lavatories which the females are obliged to avail themselves of at certain times, for it is considered that the hands should be frequently and thoroughly cleansed several times a day, and that all should bathe at least once a week. In addition to these necessary appliances, provision is made for a daily supply to all hands of milk, beer, and acidulated drinks to be used for the purpose of washing out the mouth, and counteracting the deleterious effects of the lead; whilst respirators were also provided. But the rules made in the interests of the women were frequently evaded by many of them, especially as to the bathings, although persons were specially appointed to see that the rules were fully carried out. Yet it is stated, on high medical authority, that were these rules fully adopted, there would be very few of what are termed "lead cases." In almost every branch connected with the working of lead, those engaged are subject to certain diseases, which turn out to be more or less fatal to those who are attacked. Still it has been shown that, even by dietary, the ordinary effect of lead can be counteracted, although there are some persons who are more susceptible of the effects of lead than others are, and who, under almost any circumstances, will in the long run succumb to its poisoning powers, more especially if they are attacked after they have been but a comparatively short time at the work. Where, however, persons have been constantly at work for some years, and have not suffered from the lead, it may be fairly assumed that they have become somewhat impervious to its deadly effects. As to the antidotes, we are told that at large works, where both Englishmen and Scotchmen were employed, the former, who lived a good deal on fat meat and fatty matters, were much less susceptible to the effects of lead than those whose dietary was largely composed of oatmeal. At some of the works on the Continent where the lead workers were at one time subject to palsy, colic, pains in the bones, and ending with convulsions, the usual attributes of lead poisoning, these soon gave way when the employes began to feed largely on fat meats, especially before going to work in the morning. At one place where a great deal of lead work was done, and where at one time there were the usual attacks, a change was made in the dietary, and cheese, butter, bacon, pork, lard, and other fatty materials having been the principal articles of food, no person, it is said, was attacked with lead colic for a period of upwards of 15 years. There is here a most important problem for our medical men to work out for the benefit of a large class of persons engaged in an employment that has hitherto been attended with a very high annual death-rate. There is a strong belief that lead poisoning can be effectually prevented, and what is therefore

required is the laying down of certain simple rules as to dietary, sanitary, and other requirements, that will have the effect of making lead workers as little liable to diseases most frequently ending in death as persons who have to deal with other minerals that are equally as deadly, but in which there is a much less annual death-rate.—*Mining Journal*.

BELLADONNA POISONING.

CASE NOTED BY CHARLES A. SEWALL, M.D., ASSISTANT-SURGEON
U. S. ARMY.

IN the hospital under my charge, a solution of *atropia* (four grains to the ounce) was prepared for instillation into the eye. When the solution was made, the water being a little cloudy, about a drachm, representing one-half a grain of *atropia*, was left in the bottom of a graduated measure. One of the attendants, an intelligent man, needing a glass of water, picked up the measure, and, filling it up, drank it off. I saw the patient fifteen minutes afterwards, at twelve o'clock mid-day. He was lying down, being unable to stand. The face was flushed, and there was intense vertigo; but he was able to talk, and said distinctly that he knew he must have taken *atropia* by mistake, even mentioning how much he thought he had taken. The pulse was 140; respiration correspondingly increased. The countenance wore a peculiarly anxious expression, which I think one might recognise again in a like condition, suggesting the idea that it might be a distinctive expression. Although photophobia was marked, the eyes were wide open, and he shaded them with his hand. The pupils were largely dilated. There was a sense of formication all over the body, and tingling in the ends of the fingers and toes; the tongue was moist to the sight and touch, but the man said it felt "as dry as a chip," and the throat seemed almost as if its sides were stuck together. Hallucinations of sight and hearing were present, but, as I have noticed before in a similar case of narcotic poisoning, the patient was unable to remember anything he had seen or heard except for a short time.—*The American Homœopath*.

THE CASTOR-OIL PLANT AS A FLY-KILLER.

OBSERVATIONS made by M. Rafford, a member of the Société d'Horticulture at Limoges, show that, a castor-oil plant having being placed in a room infested with flies, they disappeared, as by enchantment. Wishing to find the cause, he soon found under the castor-oil plant a number of dead flies, and a large

number of bodies had remained clinging to the under-surface of the leaves. It would, therefore, appear that the leaves of the castor-oil plant give out an essential oil, or some toxic principle which possesses very strong insecticide qualities. Castor-oil plants are in France very much used as ornamental plants in rooms, and they resist very well variations of atmosphere and temperature. As the castor-oil plant is very much grown and cultivated in all gardens, the *Journal d'Agriculture* points out that it would be worth while to try decoctions of the leaves to destroy the green flies and other insects which in summer are so destructive to plants and fruit trees. Anyhow, M. Rafford's observations merit that trial should be made of the properties of the castor-oil plant both for the destruction of flies in dwellings and of other troublesome insects.—*British Medical Journal*.

POISONING BY CASTOR-OIL.

AN inquest was recently held by the Coroner for Central Middlesex which serves forcibly to illustrate the necessity for care in the administration of purgatives to children. From the evidence it would appear that a woman purchased some castor-oil, and gave her child—only a month or two old—"a dose," thinking that its "stomach was out of order," and that it might do it good. A severe convulsion followed, in which the child died; and the doctor who was called in expressed a decided opinion that death had resulted from the treatment. The coroner said that the practice of giving young children aperients whenever they seemed unwell was one of the most dangerous and pernicious with which he was acquainted. It could not be too generally known that, when a child vomited, the stomach and intestines became absolutely empty, and collapse might ensue. Parents should be careful to get cold-drawn oil, for many of the preparations sold were only fit for horses, and, if administered to a child, might set up intense irritation, and cause convulsions and death. Whilst coinciding with the coroner in his remarks on the necessity for caution in the administration of aperients, we think there is one other point to which it may be as well to call attention. It appears not to be generally known that castor-oil is very commonly adulterated with croton-oil to increase its activity. Cases of death from castor-oil alone are very rare; and we entertain no doubt that, in the case now under consideration, the fatal termination was due to a more powerful irritant.—*British Medical Journal*.

EFFECT OF AN OVERDOSE OF *PODOPHYLLIN*.

Amount taken about Sixty Centigrams (Ten Grains).

Professor D. W. PRENTISS.—*Philadelphia Medical Times*.

Mrs. H., aged about 45 years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking *podophyllin* for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken April 9, at 5 p.m.

At 7 p.m. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 p.m., feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as "though the head was being split open. This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8.30 o'clock vomiting began,—first the contents of the stomach, then thin, bitter, dark-green fluid,—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8.30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved,—first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at one o'clock in the night,—eight hours after the *podophyllin* had been taken,—when I found the patient in a state bordering on collapse; features pinched, extremities cold, pulse very feeble.

It is remarkable in this case that there should have been so little pain in the stomach and bowels. This was almost entirely absent, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness. The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired; the eye-sight and pupils were unaffected; no involuntary discharges.

Mrs. H. kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities and weak as from a severe illness.—*The American Homœopath*.

CAUTION IN THE USE OF IODOFORM.

IN a communication to the *New York Medical Record*, No. 12, Dr. Sands, after taking a general review of the results of the employment of iodoform, and describing two cases of mania that had resulted from its use in his own practice, goes on to say that it has not as yet been ascertained what amount of it is necessary to induce poisoning. Susceptibility to its action varies greatly, for while in many cases two or three ounces have been applied to extensive open wounds immediately after operations, in others half an ounce and upwards may induce attacks of mania, and even a gramme give rise to slight nervous disturbance. In many of the German cases excessive quantities have been applied, sometimes amounting to five or six ounces. The effects depend much upon the extent of absorbing surface and the recency of the wound. Old persons are especially liable to suffer, while children seem to be much less so. "It is already apparent that the sanguine expectations at first entertained regarding the value of this antiseptic cannot be fully realised, and that in the present state of our knowledge iodoform should be employed with great caution, and in such a manner that it can be readily removed from the wound in case symptoms of poisoning should supervene. It is certainly hazardous to fill a large fresh wound with the powder, which may penetrate the meshes of the connective tissue so that it cannot be washed out. By employing it in the minimum quantity it will produce the desired effect, and by learning, perhaps, to recognise beforehand the class of cases that are peculiarly susceptible to its deleterious influence, we may yet be enabled to use with safety this antiseptic, which, in many respects, is the most valuable that has ever been introduced into surgical practice."—*Medical Times and Gazette*.

OPIATES AND PERISTALSIS.

PROFESSOR NOTHNAGEL of Vienna recently communicated to a German society the results of experiments on the action of opium and morphia on the intestine. The constipating power of these drugs appears due to their being irritants of the splanchnic, the inhibitory nerve of the intestine. That nerve is specifically influenced by morphia, just as the vagus, the inhibitory nerve of the heart, is acted upon by digitalis; in fact, in both cases, small doses excite, large doses paralyse. It was observed, in a discussion on this question, that the peristaltic action of the intestines is not necessarily the same in man as in animals. Antiperistalsis does not appear to occur in the latter; in our species it is known to exist; though, when obstruction exists, peristalsis in the ordinary direction is quite sufficient to account for fæcal vomiting. Dr. Rosenstein, however, had seen chronic

fæcal vomiting in a patient of his where no mechanical obstruction could be found. Professor Preyer stated that he had seen antiperistaltic movements of the small intestine in animals, and pointed out that the filling and emptying of the cæcum, especially of the very long cæcum of some animals, could only be effected by alternate peristalsis and antiperistalsis.—*British Medical Journal*.

ANÆSTHETICS.

PROFESSOR BILLROTH, the celebrated surgeon of Vienna, thus states his conclusions on anæsthetics. "At the end of the year 1878 I had had a quarter of a century's experience in operations—more than six years as an assistant, and the rest of the time in the charge of my own clinique. During this period I had seen *chloroform* administered some 6,000 times, with two cases of death. Up to the end of 1870 I always employed *chloroform* alone as an anæsthetic. Since then I have used a mixture consisting of three parts of *chloroform*, one of *sulphuric ether*, and one of *alcohol*. With this anæsthetic I am perfectly well satisfied, and have not seen any asphyxia or syncope result from its use. The mixture seems to me to be merely of service in diluting the *chloroform*. My two assistant-surgeons and my eight assistants undertake the post of chloroformist for a month at a time in regular rotation. On this account, again, I think it more prudent to use diluted *chloroform*. No doubt the pure *chloroform* produces anæsthesia more rapidly than this mixture, but, on the other hand, the latter is less apt to excite vomiting."—*Clinical Surgery*, by Dr. Th. Billroth. Translated by C. T. Dent, F.R.C.S. The New Sydenham Society, 1881.

The anæsthetic mixture approved of some years ago by a committee of the Royal Medico-Chirurgical Society, consisted of one part of *alcohol*, two of *chloroform*, and three of *ether*.

"PATHIES."

RICHARD GRANT WHITE, in his *Words and their Uses*, thus writes concerning "hydropathy" and similar expressions: "This word and 'electropathy,' and all of the same sort, should be scouted out of sight and hearing. Hahnemann called the system of medicine which he advocated, homœopathy, because its method was to cure disease by drugs which would cause a like (*omoios*) disease or suffering (*pathos*). The older system was naturally called by him allopathy, because it worked by medicines which set up an action counter to, different from (*allos*) the disease. These are good technical Greek derivatives. And by just as much as they are good and reasonable are hydropathy and electropathy bad and foolish. Why should water-cure be called water-disease?"—*Hahnemannian Monthly*.

MEDICINE AS A CIVILISING AGENT.

NEVER does our profession appear to greater advantage than in its dealings with savage or semi-savage nations. We are far from including the people of India in either of the above categories, but it must be admitted that the great mass of the natives of our Indian Empire are grossly ignorant. The part played by the medical profession in reconciling the people of India to the rule of a race alien in blood and religion, from the earliest days of our connection with that country, has been most important, although the Government has never been forward in acknowledging it. When the missionary and educator adds a competent knowledge of medicine and surgery to his other qualifications for his work, he is doubly armed. The present Bishop of Rangoon is a Doctor of Medicine ; for many years before he was consecrated bishop of his diocese, he laboured as a missionary in the district of Tinivelly, in Southern India, a district containing the largest community of native Christians in that country. It is a well known fact that the medical and surgical skill of our now right reverend brother gave him an influence far surpassing that of any labourer in the civilising work to which his life has been devoted. We have been led to make the above remarks by the receipt of a copy of the report of the Grey Native Hospital in King William's Town. It does not appear that Dr. Fitzgerald, the superintendent, is engaged in missionary work ; but it is impossible to read the record of his labours for a single year without seeing that, as in India, so in South Africa, the healer is after all the most powerful civiliser ; 600 cases of disease were treated in the hospital, and 1,700 as out-door patients. It appears that natives continue to travel very long distances to this hospital for medical aid, coming from beyond the Kei, from Fingoland, Fort Beaufort, Kriskama Hoek, and other distant places. Dr. Fitzgerald relates the following as an instance of the impression made on the minds of natives by the successful application of sound surgical knowledge.

“ Only yesterday, a native woman was brought in a waggon from the Bashee, suffering from complete inversion of the entire eyelashes of both upper eyelids ; the eyelashes lay on the balls of the eyes, brushing up and down at every motion of the lids, causing intense irritation, which would soon end in the total loss of sight. One can easily understand the suffering which this poor woman endured, if we consider the pain and irritation caused by only one eyelash in the eye. The eyes were very much inflamed. On questioning this woman, I found that she had been suffering from this diseased state of the eyes for some years, and that she had consulted several distinguished members of the native faculty without any relief of her suffering.

She was informed by her medical attendants that the spirits were angry with her because they never had any food given to them at her expense. In consequence of this opinion, a cow and a young ox were slaughtered, and plentifully partaken of by the doctors and their attendants, and the bones were burnt and offered up as a sacrifice to appease the spirits. The patient's eyes were then covered with cow-dung, and pieces of sticks and leaves sucked out of her eyes and exhibited to her friends, leaving, of course, her eyes as bad as they were before the operation. Not getting any relief from the profession in its uncivilised state, she was advised by a native woman, who had been operated on at this hospital for a similar disease, to come here, and this day all her pain and sufferings were put an end to by an operation; her eyelids and eyelashes restored to their natural state, and she will soon be able to leave here for her distant home, with good sight and free from pain. Cases of this sort make a great impression amongst the natives, and afford an interesting subject for conversation and wonder at their kraals."

Dr. Fitzgerald urges the Government he serves so well to favourably consider his suggestion to extend the system of medical relief amongst the native tribes, not only on grounds of humanity, but as a powerful means in helping on the civilisation of the native races; in this wise recommendation we entirely concur.—*British Medical Journal*.

PATHOLOGY.

"WHAT place is this? This is the Pathological Society. How does one know it is the Pathological Society? You know it by the specimens and the smells. What does that gentleman say? He says he has made a post-mortem. All the gentlemen make post-mortems. They would rather make a post-mortem than go to a party. What is that on a plate? That is a tumour. It is a very large tumour. It weighs 112 lbs. The patient weighed 88 lbs. Was the tumour removed from the patient? No, the patient was removed from the tumour. Did they save the patient? No, but they saved the tumour. What is this in the bottle? It is a tape-worm. It is a long tape-worm; it is three-quarters of a mile long. Is that much for a tapeworm? It is, indeed, much for a tape-worm, but not much for the Pathological Society."—*New York Medical Record*.

UNQUALIFIED PRACTITIONERS.

THE *Medical Times and Gazette*, of the 17th ult., has the following remarks, suggested by some disclosures recently made at the East End of London.

“An inquest was recently held at Poplar by Sir John Humphreys, Coroner for East Middlesex, on the bodies of a male and a female child, whose deaths, it was alleged were caused through improper treatment on the part of an unqualified medical practitioner, commonly known throughout the East End of London as the ‘Black Doctor.’ The inquiry afforded fresh evidence of the extent and great evil of the ‘dispensary’ system as carried on in many parts of the metropolis—an evil which will never be lessened by mere censure, however severe, by coroners’ juries. The evidence showed that a medical man, stated to be duly qualified and registered, was the proprietor of a number of dispensaries in different localities in the East End of London, at one of which a ‘half-caste,’ calling himself ‘Colonel Griffen,’ acted as assistant and prescribed for patients. In the course of the enquiry this person admitted that he was not a qualified surgeon, and had no diploma in England nor in any other place; he had, however, ‘studied medicine,’ and in the country to which he belonged he was a barrister. This colonel, barrister, and amateur doctor was, moreover, in the habit of signing death-certificates in the name of the practitioner with whom or for whom he worked, and he declared that until the present case occurred he had no idea that he was acting illegally. After considering their verdict in private, the jury found that the deceased died from natural causes, but they severely censured the qualified practitioner for allowing ‘Colonel Griffen’ and other unqualified persons to practise in his dispensaries. This appears to be one of the cases in which the Registrar-General might effectively intervene, and prosecute for the illegal filling up of death certificates. The chief offenders in these cases, are not, however, the unqualified assistants, but the qualified practitioners, who make a profit out of medical ‘business’ carried on in their names by wholly unqualified servants of theirs. Dispensaries carried on in this way are a scandal and disgrace to the profession, and a mockery and a danger to the public.”

While fully agreeing with the remarks of our contemporary, we take the opportunity of expressing our regret that of late years homœopathy has been subject to an abuse of precisely the same character. Two or more medical men have been known to have dispensaries in different parts of London, which are served by men without any pretensions to qualification. In one instance, the name of the principal was assumed by each assistant! In another, a more or less qualified man has been occasionally obtained, but more generally, persons have prescribed who have had no medical education whatever.

The injury thus done to persons suffering from disease must often be considerable, while that which is inflicted upon homœo-

pathy by the discredit such persons reflect upon it is also serious. So long as this mode of obtaining money succeeds, so long we presume will unscrupulous persons persevere in adopting it. We, therefore, urge those who have the opportunity for doing so to expose proceedings of this kind; and if those who are responsible for them are deaf to the voice of conscience, let them have an opportunity of hearing that of the law.

SURGERY v. MEDICINE.*

PRIORITY IN AGE AND DEVELOPMENT CLAIMED FOR THE PLAINTIFF.

I am a surgeon, and in making this assertion

'Tis my apology for doing what I can

To set aside the undeserved aspersion

That says, while *medicine* is quite as old as man,
Holding within its vast consideration

All wisdom, learning, ethics, and decorum
That surgery is claimed, as is a poor relation,
Being at best "the *approbrium medicorum*."

'Tis certainly a subject for humility,

And one 'tis hard *for doctors* to endure,
That they must own their utter inability

In many cases to effect a cure;
And then, with shrugs and sighs, their patients urge on
To give themselves their only chance of life
By calling on the poor forgotten surgeon,

Who cuts and *cures* them with the dreaded knife.

But as for age, I'll prove 'tis all a libel

(The statement's bold, but I could make it bolder),
For on no less authority than the Bible

I'll prove that surgery is surely older
Than any form of med'cine whatsoever;

And having finished, will appeal to the majority
And have the point adjusted here forever,

That "*surgery in age* can claim priority."

'Tis true the snake aroused the curiosity,

And gave to Eve the apple fair and bright;
She ate, and with a fatal generosity

Inveigled Adam to a luscious bite.

That from that time disease and suffering came,

Doctors were called upon to cure the evil;

The art of *healing*, then, with all its fame,

Was *at the first* developed by the Devil.

* At the banquet to the visitors to the International Homœopathic Convention Prof. Wm. Tod Helmuth, M.D., recited his poem *Surgery v. Medicine*, a few verses only of which we were able to print. They are so rich in pure humour, we reprint them entire from the author's book *Scratches of a Surgeon*.

Med'cine thus stands coeval with the sinning
Of mother Eve, fair creature, though quite human,
While noble surgery had *its* beginning
In Paradise BEFORE there was a woman.
The facts are patent, and we all agree
'Twas Satan laid on man the direful rod ;
That *Doctors* are the *Devil's progeny*,
While surgeons come *directly down from God !*
For thus we read (although the analgesia
Of Richardson was entirely unknown)
Adam profoundly slept with anæsthesia,
And from *his thorax was removed a bone*.
This was the first recorded operation,
(No doctor here dare tell me that I fib !)
And surgery, thus early in creation,
Can claim complete excision of a rib !

But this is nothing to the obligation
The world to surgery must ever own
When woman, loveliest of the creation,
Grew and developed from *that very bone*.
Then lovesick swains began inditing sonnets,
And Fashion talked with Folly by the way,
Then came bulimia for becoming bonnets—
Hereditary epidemic of to-day.

Then, too, began those endless loves and frolics
That poets sing in soft and sweet refrains,
Doctors grew frantic o'er infantile colics,
Announced at midnight with angelic strains.

* * * * *

From this the world was peopled. So Doctors own,
While you lay claim to such superiority,
That surgery, in the development of bone
As well as age, can clearly claim priority.

My task is done, and with my best endeavour
I have essayed to vindicate my art ;
So list my friends, ere friendly ties we sever,
While waning moments bring the hour to part,
Whatever land, whatever clime may hold you,
Some time give honour to the bright scalpel,
And when you recollect what I have told you,
Remember me—'tis all I ask. Farewell.

THE FALSIFICATION OF MINERAL WATERS.

THE water-supply abroad is so often of a doubtful character that many travellers have resorted to the prudent expedient of drinking only some well-known mineral water. Thereupon a large trade has been done in the purchase from rag and bottle merchants of such mineral water bottles as still bore the labels in fairly good condition. It was then easy to fill them with ordinary and possibly contaminated water, adding a salt to give the taste and appearance of the desired mineral spring. By this fraud the consumer was not merely robbed, but made to drink the very water he was doing his best to avoid. We are therefore pleased to note that in France, at least, the Prefect of Police has adopted energetic measures to check this abuse. Orders have been given to visit all dépôts of mineral waters, to seize hap-hazard a specimen and analyse it on the spot. The tradesmen will also be called upon to exhibit their invoices to prove whence their stock is derived. Not only are the stores of wholesale agents or dealers to be thus inspected, but the retailers, the café, restaurant, and public-house keepers will be subjected to an equally rigorous supervision, and all vendors of such falsifications will be liable to prosecution. There is great need of similar measures in England. The public have no guarantee that the waters offered for sale have really come from springs specified on the label.—*Lancet*.

MURDEROUS ATTACK ON A HOMŒOPATHIC CHEMIST.

ON May 24 a lad, between 17 and 18, made a murderous attack on Mr. Joseph de Trosier, homœopathic chemist, Southgate, Wakefield. The lad came to Mr. de Trosier (who is 67 years of age) for some ointment, and when he turned to get it, struck him on the head with a hammer. A struggle ensued, in which the chemist received two other blows with the hammer, and the lad did his best to throttle him and to cut his throat, inflicting five wounds on the throat, neck, and side of the head. The lad does not deny the charge. He is intelligent, but small of stature, and his father is in a lunatic asylum. It is said he lost all his money betting on the last Derby races, and that he hoped to stun Mr. de Trosier and get possession of the till.—*Chemist and Druggist*.

OBITUARY.

JOHN FRANKLIN GRAY, M.D.

WE have learned with much regret through the *Daily News* of the 21st ult. of the death of Dr. Gray, of New York, the senior homœopathic physician in the United States of America. Dr. Gray was born in 1804 at Sherburne, Chenango Co., N.Y. He commenced the study of medicine under the direction of a

medical man when a mere boy. When twenty years of age he went to New York, and became a pupil of Dr. Hosach and Dr. Francis. A year later and he entered the navy as an assistant surgeon, having received a license from the County Medical Society. Soon afterwards he was appointed resident assistant surgeon to the New York Hospital. After passing an examination and receiving the degree of M.D. he commenced practice in New York, and succeeded thoroughly.

In the year 1828 he was persuaded to make the acquaintance of Dr. Gram, who three years earlier had arrived from Copenhagen, and commenced the practice of homœopathy in New York. By way of testing the value of homœopathy, Dr. Gray submitted reports of some difficult cases to Dr. Gram, and their rapid recovery convinced him that there was more in the system than appeared probable or possible at first sight. His patients, however, could not believe that so little medicine could have any good influence, and his practice dwindled. In 1829 or 1830 Dr. Vanderburgh, who was Gram's first convert, and was in large practice, advised Dr. Gray to remove to a more prominent part of the city, and guaranteed him enough to pay his rent. Here he succeeded so far as to make £350 during his first year.

At this time, there was no translation of any of Hahnemann's works into English, and a knowledge of German was as essential to the practice of medicine homœopathically as was an acquaintance with physiology or pathology. Gray was ignorant of the language, and set to work to study it under the tuition of Dr. Gram. From that time his practice rapidly increased, and continued to be very extensive until his practical retirement a few years ago.

He edited, with Dr. Hull, the *American Journal of Homœopathia* and the first series of the *Homœopathic Examiner*. He also assisted Dr. Hempel in the preparation of the *Symptomen Codex*, and was the author of various communications to the New York homœopathic journals, and of several pamphlets.

Dr. Gray was, with Dr. Constantine Hering, Dr. Flagg of Boston, Dr. William Channing, and Dr. Dunnel, one of the founders of the American Institute of Homœopathy, and was the first general secretary of that body.

For some years he has lived in comparative retirement at the Fifth Avenue Hotel, seeing patients only in consultation, and that but rarely.

He was a thoroughly well-informed physician, an earnest homœopathist, and much esteemed by his professional brethren. Dr. Gray was a corresponding member of the British Homœopathic Society.

CORRESPONDENCE.

WICKED HOMŒOPATHIC ENGINEERING.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Allow me to draw your attention to a short sermon in No. 5 of a curious serial styled *Homœopathic Medical Progress* (*lucus a non lucendo*).

In this discourse, duly commenced and finished with scripture texts, the preacher points the finger of condemnation thus:—

"Their wish is to do away with the distinctive title of homœopathy altogether. With a degree of caution commendable in purely partisan politics only, their policy has been to approach the subject cautiously, by a series of 'zigzags,' thus hoping to conceal their approach from the garrison of the homœopathic fortress till they have approached it so near as to make it possible to carry its defences, to lower the flag for which we have so long fought manfully. One of the first 'approaches' was made, many years gone by (by Dr. Francis Black) in a paper read by him (if we remember rightly) at the British Homœopathic Society, called 'Am I a Physician or a Homœopath?' Steadily and persistently Dr. Black and Dr. Dudgeon, and a few others, have been undermining the defences by which homœopathy has been made a distinctive and special branch of medicine."

Why single me out as a warning to his flock? If I have erred, is not the man more worthy of the stocks, who, posing as Governor of the homœopathic fortress, not only sanctions, but claims priority in the construction of the naughty, naughty "zigzag" approaches.

In order that the preacher may smite this treacherous engineer on the hip, I recommend to his notice the paper referred to—he will find it in *The Transactions of the British Homœopathic Society*, 1866, and at the end of it a note worthy of his perusal; the italics in it are not mine. "Since reading this paper, Dr. Bayes, who was present, but unable to wait for the discussion, has drawn my attention to a pamphlet (*Two Sides to a Question*, 1860), in which he thus alludes to my question, 'For my own part, I have investigated the subject, and the result of my investigation has been that I have adopted homœopathy into my practice. Observe I object to the title of homœopath. Its assumption savours of sectarianism. I object to any other title than that of physician, or at the most, physician practising homœopathy.'"

After reading this passage, I can imagine the preacher in his next discourse, on the text, "Hoist by his own petard," waxing wrathful, and exclaiming, "Oh! Doctor!! how very naughty of you to have drawn wicked 'zigzags' so long ago as 1860! You, the chief elder of my flock,—alas, treacherous engineer! alas, seducing writer of '*voyages en zigzag*!' how you have deceived me!

"How can I ever again rouse my flock with the wonted high-falutin strains, when they hear that you, the Goody-Goody, the Governor of the homœopathic fortress, *object to the title of homœopath, because its assumption savours of sectarianism.* Alas! and alack! the heavy day! What terms strong enough can I find for treacherous 'zigzaggers?' they are—they are—alas! in my sorrowful astonishment I can only groan, they are 'quite too utterly utter!'"

FRANCIS BLACK.

HOMŒOPATHY AND "HOMŒOPATHY."

To the Editors of the Monthly Homœopathic Review.

DEAR SIRS,—Dr. Berridge puts to me a very pertinent question. I have admitted that the same name cannot represent the views of both of us, and I have further admitted that in the present undefined state of "homœopathy," the party to which Dr. Berridge belongs have the best claim to the title of homœopath—he now asks why I do not withdraw my name from the *Homœopathic Directory*?

It may please Dr. Berridge to know that I so fully appreciate the logic of his reasoning, that at the end of last year I sent a letter to the editors of the *Directory* requesting them to withdraw my name from the present issue. It was after I had done this, that I came to the conclusion that I had not adopted the best course by doing so. While I felt that the presence of my name in the *Directory* was likely to give the medical profession and public an erroneous view of my therapeutical beliefs (that is if any one troubled themselves at all about the matter), I saw that by withdrawing my name, I should give rise to an equally erroneous view, viz., that I dissented from the therapeutical views, of those whose names are recorded there. Now this is not so. So far as I am enabled to judge, I am perfectly at one with the majority of those whose names appear in the *Homœopathic Directory*. It is my great desire to add my humble efforts to theirs in the work of establishing a great natural truth. I am thus placed on the horns of a dilemma, and have therefore asked

the editors to repeat my name for the present year, in the hope that before they next issue their *Directory* some course will be taken by the London School of Homœopathy or other representative body, which will relieve me of the necessity of disassociating myself from homœopaths *as a body*.

Since opening this discussion, I have read Dr. Sharpe's review of Hahnemann's system, and am interested to find that he found the same difficulty in adopting homœopathy as myself. He says (p. 344): "Having adopted the practice of homœopathy, I may be supposed to be a disciple of Hahnemann, and be held responsible for his follies."

In his article on the "Common Sense of Homœopathy," Dr. Sharpe reaches the very gist of the present question. He says: Hahnemann in his *Organon* keeps in the background the practical fact, and labours to establish a speculative explanation of it. His followers do not agree in adopting his explanation, but so far as I am acquainted with their writings, they all have some hypothesis of their own. I have been condemned for not accepting any of these. I respectfully decline them all, and offer no explanation. By this course homœopathy is placed upon a foundation which it has not yet fairly occupied. Henceforward it will be in vain for its opponents to attack it as they have hitherto done. It is presented as a fact, supported by sufficient evidence, and to assail it as such will be found a task much more difficult than to criticise speculations however ingenious."

I am asking homœopaths to take up the position suggested by Dr. Sharpe nearly thirty years ago. Dr. Sharpe makes, however, an unintentional error when he says, "By this course (*i.e.*, the course taken by Dr. Sharpe) "*homœopathy is placed upon a foundation which it has not yet fairly occupied.*" The error here made runs through the whole argument of those who assert that homœopathy *has* assumed this position, that it is distinctly separated from Hahnemannism and speculative theories. Dr. Sharpe is a very great authority, and his views have probably had a great effect in directing thought upon this subject, but the action of Dr. Sharpe, *as an individual*, cannot alter the foundation or the signification of the word homœopathy; all he can do is to alter the relation of the word in reference to himself.

My contention is, and I think Dr. Sharpe will agree with me, that *no individual can alter the position of homœopathy or the meaning of the word; that homœopaths as a body are alone capable of accomplishing this.* The original meaning of the word is of little value so soon as we shall know on good authority what is at the present time meant by those who profess it.

Of course I have been told that it is perfectly impracticable to obtain a precise statement of the view held by the modern homœopathic body. It is not necessary for me to point out that,

if this be true, homœopathy stands confessed a very poor thing indeed. But I do not believe it to be the indefinable shadow that its professors would make it. It is a baby science dealing with phenomena, freely reproducible but not altogether explainable. It has shared the fate of every other set of unexplainable facts; the dreamy metaphysicians have surrounded it with clouds of mysticism, and used it to prove their fancies, and then, of course, the "*impossibility*" gentlemen, the Thugs of progress, have tried to strangle it, and have succeeded in distorting it. The result is that the only people who can recognise it as the simple, natural truth are those who have the ability, and the leisure, and the desire to examine the whole thing for themselves, or to read the analytical descriptions of those who have. We cannot all be Dudgeons, Sharpes, Hughes, or Drysdales, we cannot all write books, and so we have at present no way in which we can make it manifest that we have left the region of speculation and have arrived at the scientific "don't know." The great majority of homœopaths are unanimous in the assertion of certain simple truths; they are unanimous in the rejection of particular theories which have been associated with these truths. I know this, because I have had the wish and the opportunity to find it out, but how is the ordinary physician to discover it? how is he to know how many of you take the position of Dr. Sharpe or Dr. Hughes?

He is *logically bound to believe* that every homœopath follows in its entirety the system of medicine to which the name was originally given, until he receives information to the contrary. And if you give a definition which says nothing about the various theories which have been from the first associated with homœopathy, then he is still entitled to believe that you still hold those theories. There are, I know, differences of opinion about those theories, there are differences of opinion about the dose, but does this prove the statement impossible?

On the other hand, it is another indication for its necessity, not to affirm the belief of any particular party, but to affirm, where such is the case, that homœopaths *as a body* have accepted no particular theory, and (beyond certain limits, within which all are agreed), have no fixed view as to the question of the dose. To exchange the positive statements of Hahnemann for the negative views of true science is the first great step towards progress.

Modern homœopaths owe it to the profession, the public themselves to give a full and lucid account of in what they differ and in what they agree with the system of medicine taught in the schools.

At a small cost a copy of this statement could be furnished to every medical practitioner in the kingdom. After this there would be some excuse for censuring the physician who misunder-

stood the views of homœopaths, at present there is none. If there are any homœopaths who prefer the present unintelligible condition of affairs, who love the darkness, rather than the light, we have Scriptural authority for drawing conclusions respecting them.

I am, Dear Sirs,

Yours respectfully,

PERCY R. WILDE, M.B.

P.S.—I must not forget that “knightly lance” which Dr. Berridge wishes to break with me. It would be a waste of time and space for me to write a disquisition on Hahnemann’s false theories and speculations, which have done so much harm to homœopathy, or to bring forward proofs that he did not rightly understand the law which he unfortunately expressed by the words *similia similibus curantur*. This has been very often done before. Dr. Berridge may, if he wishes, consider that I have advanced the arguments expressed in Dr. Sharpe’s review of Hahnemann’s system (*Essays on Medicine*, xiii., p. 381). By taking a tilt at these, he will have made a very good beginning.

CONSTANTINE HERING’S LATEST WORKS.

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—Will you oblige me by publishing the enclosed circular. Hering’s *Guiding Symptoms* and *Analytical Repertory* will, when completed, be the greatest homœopathic works of the day. But, to complete them *speedily*, more funds are required. By taking a fully paid-up share of the value of ten dollars (£2 1s. 8d.), anyone can procure these works, and all others published by the Society, *at cost price*. Thus, the *Analytical Repertory*, Vol. i., which is sold here for 18s., will cost a shareholder only 8s. 4d., carriage paid; while each volume of the *Guiding Symptoms*, which here costs 25s., costs the same only 11s. 6d. Every physician ought to subscribe for these works, and every layman, too, who has benefited by homœopathy, should do something for the cause. By bringing out these works *speedily*, they will do more good than even by subscribing to homœopathic hospitals; for the latter are of use only in their immediate vicinity, whereas these books will bear fruit wherever the English language is spoken.

Subscriptions for shares and books should be sent to C. B. Knerr, M.D., 112, North Twelfth Street, Philadelphia, Pa., U.S.A.

Yours &c.,

E. W. BERRIDGE, M.D.

AMERICAN HOMŒOPATHIC PUBLISHING SOCIETY.

• The attention of physicians and the friends and patrons of homœopathy generally is invited to the nature, scope, and purposes of the American Homœopathic Publishing Society.

It is a regularly organised corporation, chartered under the Seal of the Commonwealth of Pennsylvania. It possesses the right to publish and sell books, and is authorised to issue stock certificates to the subscribers to its capital to the extent of 1,000 shares of \$10.00 each. Under the provisions of the act, stockholders are liable to the extent of the par value of the stock held. The certificates are issued only upon paid-up subscriptions, therefore there can be no assessments made by the Society, and there can be no liability beyond the sum actually paid in by each stockholder.

The Society is limited only by the bounds of homœopathic medical science. The doors are open to all who have manuscripts to offer for publication, on any phase or branch of medicine, or medical science treated homœopathically. Authors are invited to offer their works or contemplated works to this Society for publication.

The Society aims first of all to give to the profession and the public thoroughly sound and reliable works; and secondly, to give to its members the material advantage of obtaining medical books at the actual cost of production.

The working capital of the Society is contributed by the stockholders who receive their profits in the purchase of books at cost, which is at about 50 per cent. of the ordinary trade retail prices. A holder of one share of stock costing \$10.00, may purchase one copy of every volume published by the Society *at cost*. It is therefore clearly to the advantage of every purchaser of homœopathic books to become a stockholder in this Corporation to the extent of at least one share of stock.

BOOKS ALREADY PUBLISHED.

Hering's *Symptoms of the Mind*. Complete in one volume.

Price to Stockholders, \$2.00 Price to others, \$8.50

Hering's *Guiding Symptoms*, Volume I, II, and III.

SCALE OF PRICES.

	To Stockholders.	To Non-Stockholders.
Bound in Cloth	\$2.75 per vol.	\$5.00 per vol.
„ Library Leather	8.25 „	6.00 „
„ Half Morocco...	8.75 „	7.00 „

NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

A CAUTION.—We have been requested by Dr. PERCY WILDE, of Ipswich, to warn our colleagues against a person describing himself as Dr. FRANKLIN, from New Zealand, who is apparently on a begging expedition amongst homœopathic practitioners. He states that he is vouched for by Dr. DAVID WILSON, Dr. SKINNER, and Dr. BERRIDGE. We have been informed by each of these gentlemen that he knows nothing of such a person. The man is an impostor, and should be treated as such.

Dr. BRADSHAW, late of Nottingham, having recovered his health, has commenced practice at Worthing. Mr. BUTCHER, of Reading, has gone to Windsor to succeed Dr. HARPER, who comes to London. Dr. LANG is opening a Dispensary at Maidenhead, where he resides.

Communications, &c., have been received from Dr. ROTH, Dr. WILSON, Dr. SKINNER, Dr. BERRIDGE, Dr. C. L. TUCKEY, and Mr. CHAMBRÉ (London); Dr. HUGHES (Brighton); Dr. MADDEN (Birmingham); Dr. BRADSHAW (Worthing); Dr. MAJUMBAR (Calcutta).

BOOKS RECEIVED.

The Opium Habit: its successful treatment by the Avena Sativa. By E. H. M. Sells, A.M., M.D. New York.

Remarks on Certain Medical Principles and Publications. By Dr. J. Hamernik, of Prague. London: E. W. Allen.

The Homœopathic World.

The Students' Journal.

The Chemist and Druggist.

The Calcutta Journal of Medicine. Calcutta, 1882.

The Indian Homœopathic Review. Calcutta, 1882.

The North American Journal of Homœopathy. New York, 1882.

The Hahnemannian Monthly. Philadelphia, 1882.

The St. Louis Clinical Review. St. Louis, 1882.

The Therapeutic Gazette. Detroit.

The New York Medical Times.

The New England Medical Gazette.

The Medical Counsellor.

Homœopathic Obstetric Journal. New York.

L'Art Medical. Paris.

Bull. de la Soc. Hom. Med. de France. Paris.

Bibliothèque Homœopathique. Paris.

Allgemeine Hom. Zeitung.

Pharmaceutische Zeitschrift für Russland. St. Petersburg.

El Criterio Medico. Madrid.

Bolletino Clinico. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE REPORT OF THE MEDICAL ACTS COMMISSION.

A YEAR ago eleven gentlemen were appointed to enquire into the details of admission to the profession of medicine, and, on the evidence laid before them, to base such suggestions for securing that all admitted should have received a complete and thorough education as might seem fit to them. The result of forty meetings by the Commission is presented to us in a report issued a few weeks ago.

The relations of our profession to the laws of the country have for years proved a fruitful source of discussion. The Medical Act of 1858, the result of nearly thirty years of agitation, was scarcely enforced ere amendments to it were proposed and amended acts passed. Two or three entirely new bills have been introduced into one or other house of Parliament, and more than one Commission has sat to enquire into the needs of the public and the profession during the twenty-four years that have elapsed since the Medical Act was passed. To lay the ghost of medical "reform" seems impossible.

What, we would ask, before we pass to the consideration of the proposals of the Commission, what measures are necessary to give the public such security as they are entitled to demand that those persons who represent themselves as medical men are really competent to practise

medicine? This seems to us to be all that ought to concern the Legislature in dealing with the profession of medicine.

To this question we would reply that every candidate for admission to the profession ought to give evidence before a board of examiners, composed of men who have not been his teachers, that he has had a liberal education before commencing to study medicine; that he has been engaged in this study during four years, his time having been suitably divided between the different branches of medical art and science; and that he possesses such a knowledge of medicine, surgery, and midwifery as shall render him a fit and proper person to consult in emergencies of a medical, surgical, or obstetrical character.

As things are conducted at present, nineteen bodies compete for the privilege of initiating the medical student into the "mystery of physic." That full confidence may be reposed in these bodies, it is necessary that the examinations at each should be watched—a process that becomes very expensive and very liable to be imperfectly carried out when there are nineteen to be attended to. Then, again, though the Medical Council may recommend alterations in the curriculum of study and the subjects of examination at each, it has no power to enforce its recommendations. Hence it happens that in some instances a given diploma testifies only to the candidate's knowledge of medicine, another is limited to assuring the public of his competency as a surgeon, while a third is restricted to certifying to his capacity as a "man-midwife." With the exception of the University degrees, no one diploma gives evidence of its holder possessing an average acquaintance with each of the three departments of the profession.

That the interests of the public demand that those who

offer their services as medical practitioners should give evidence of having demonstrated their acquaintance with the details of each department of the profession, needs no argument in its support. While, that, inasmuch as the State confers certain exclusive rights and privileges upon members of the medical profession, it has also a just claim to be satisfied that those upon whom such rights and privileges are conferred are fully qualified to enjoy them, is equally clear.

Hence, the conclusion arrived at by the Commission, "That the holding of a license ought to be conclusive evidence of sufficient proficiency in medicine, surgery, and midwifery," will be generally acquiesced in. In order to carry this principle into practice the Commissioners appear to regard as hopeless any arrangement by which existing examining bodies may retain their present licensing powers. Surely, it would have been possible to have rendered it compulsory on every examining body to have ascertained the qualification of candidates in each department of medicine. Were this done, there would be no necessity for that general deprivation of licensing powers which have been enjoyed during the last twenty-four years; a period during which medical education has improved more considerably, and examinations have become more searching than during any similar period since the century opened. Further, it is the Colleges and not the Universities that are open to the charge of conferring diplomas after an imperfect examination. Why should both sets of institutions be treated as though both were equally at fault?

The practical result of the proposals of the Commissioners would seem to be, that while existing medical authorities shall take part in the examinations, they are to do so as agents of the State, and to confer a State license which alone shall admit men to the *Register*. "Our

proposal," we read in the Report, "stated in general terms is:—that there shall be one Medical Council, and that in each of the three divisions of the United Kingdom there shall be a Divisional Board, representing all the medical authorities of the division; that the right of admitting to the *Medical Register*, and a general control over the proceedings of the Divisional Boards, shall vest in the Medical Council; and that, subject to such control, each Divisional Board shall, in its own division, conduct the examinations for license."

Thus, at one stroke, the licensing power at present possessed by nineteen corporations is swept away and transferred to a State Board of Examiners. As a legal qualification to practise, no University degree or College diploma will be of any value. "If our recommendations," say the Commissioners, "be adopted, the statutory privilege of conferring a medical license will no longer attach to the diplomas and degrees of the medical authorities, and in a certain sense their importance will be diminished." And again, "in order to obtain admission to the *Medical Register*, it has hitherto been necessary to possess the diploma or degree of one of the medical authorities; but if our recommendations be adopted, the certificate of a Divisional Board will in future of itself confer a right to registration on payment of the fees. Affiliation to a medical authority will thus no longer be necessary; but we hope and believe that medical men will not be contented with a bare license to practise, and that they will continue to seek to belong to one or more of the Universities or Medical Corporations."

Pleasant reading this for Senates and Councils! In the future the importance of a degree or a diploma will be solely dependent on the prestige attaching to connection with the University or College issuing a degree or diploma.

The degree of a British University will, so far as the law is concerned, be placed on a level with that of an American or Continental University.

We fail to see why, on the ground either of justice or expediency, the Universities are to be deprived of their existing powers. Their examinations are admitted to be adequate both in the interests of the State and of the public. Why, then, are their degrees to be merely honorary, to carry with them no qualifying professional advantage?

Mr. HUXLEY and Professor TURNER differ from the recommendations of their colleagues on this point, and have expressed their differences in very clearly stated memoranda. Mr. HUXLEY says: "The plan which I venture to suggest is of extreme simplicity; and while I cannot but think that it would prove thoroughly efficient, it interferes with no fair vested interest in such a manner as to give a claim for compensation, and it inflicts no burden either in the way of taxation or of extra examination, on the medical profession.

"This proposal is, that if any examining body satisfies the Medical Council (or other State authority) that it requires full and efficient instruction and examination in the three branches of medicine, surgery, and midwifery; and, if it admits a certain number of coadjutor examiners appointed by the State authority, the certificate of that examining body shall give admission to the *Medical Register*.

"I submit that while the adoption of this proposal would secure a practically uniform minimum standard of examination, it would leave free play to the individuality of the various existing or future Universities and Medical Corporations; that the revenues of such bodies, in so far as they are derived from medical examinations, would thenceforth increase or diminish in the ratio of their deserts; that a really efficient inspection of the examinations would

be secured; and that no one would come upon the *Register* without a complete qualification."

Much after the same plan, Professor TURNER makes the following proposal:—

"(a) No person shall receive a license to practise and be admitted to the *Medical Register* who does not possess a complete qualification in both medicine and surgery, including therein midwifery.

"(b) The diplomas granted by those authorities, viz., the Universities which conduct complete examinations and confer degrees in medicine and surgery, shall also be licenses to practise and admit to the *Register*.

"(c) Those authorities, viz., the corporations which grant diplomas in medicine alone, or in surgery alone, shall combine in each division of the kingdom, conduct a complete examination, and confer a qualification both in surgery and medicine which shall admit to the *Register*.

"(d) The Medical Council shall appoint assessors to attend the several examinations conducted with the view of conferring the license to practise, both by the Universities and by the conjoined corporations. These assessors shall report after each examination if it be satisfactory or not, and the Medical Council shall have power to suspend all examinations which are not of a sufficient standard of proficiency. Under this system the visitation of examinations, now made periodically by the Medical Council, would be no longer required, and the money at present expended on visitation could be employed to pay assessors."

Now, we contend that if these proposals would ensure that no person would enter the medical profession without having given full and sufficient evidence of his capacity alike in medicine, surgery, and midwifery, there is no reason whatever for the sweeping alterations which have received the sanction of the majority of the Commissioners;

while, if no reason exists for them, putting them into force would be an act of gross injustice.

While, however, simple registration of the license of a Divisional Board is to constitute the sole title to be regarded as a legally qualified practitioner of medicine, it is recommended that University and College titles should also be registered, and that separate lists should be set apart in the *Medical Register* for the registration of persons holding recognised Foreign or Colonial diplomas.

If, however, the *Register* is to be a record of State licenses, while the State ignores the licensing power of the Universities and Colleges, we think that the publication of these latter should be left to private enterprise, and that the official *Register* should be simply a record of the names of officially recognised persons.

We notice among other paragraphs in the Report, that "The London School of Homœopathy has laid before us a petition, praying for the establishment of a Homœopathic School or the appointment of some Homœopathic Lecturer in each Medical School or College. Their request does not appear to fall within the terms of your Majesty's commission."

This refers, we believe, to a letter addressed to the Commission by Dr. BAYES, and not to anything emanating from the London School of Homœopathy. The School, as such, made no representation to the Commission.

One portion of the Report is occupied with a discussion on the constitution of the Medical Council. It proposes that the number of members be reduced from twenty-two to eighteen. This is so far an advantage, as it will tend to diminish the amount of talk which occupies the time of the meetings of Council. It also proposes that four members should be elected by the registered practitioners. Wherein the advantages of this mode of election will be found we do

not see. The best men for a position in the Council will have neither time nor inclination to enter into a contested election at a heavy cost, and carrying with it no actual advantage. Any candidate for a position on the Medical Council through the suffrages of his medical brethren will have to go through a great deal to arrive at very little, as Mr. WELLER observed the charity boy said that he had done, when he got to the end of the alphabet! This direct representation has, however, been clamoured for for some years past by the *Lancet* and the *British Medical Journal*, and as noise is often more effective than argument, the din these journals have raised on this subject will, doubtless, some day have its reward. For our part, we think it probable that the most undesirable and narrow-minded members of the future Medical Council will be those introduced through the arts of the skilled electioneerer. The Senate of a University or the Council of a College are much better able to judge of the qualifications of a candidate for a seat at the Medical Council Board than the country practitioner whose time is too fully occupied in the pursuit of his calling to enable him to devote any attention to the politics of the profession.

The objections to this mode of election are well and clearly set forth by Professor TURNER, of Edinburgh, and Mr. SIMON. The *Lancet* (July 8th), instead of replying to these objections, simply sneers at the gentlemen making them as mere "scientists," and as persons who are therefore unacquainted with the wants of the medical profession. Mr. SIMON and Mr. TURNER know perfectly well, we will venture to say, what is for the advantage of the profession, while the *Lancet* is, we do not doubt, equally alive to the advantages the proprietor of a journal may expect to derive from a contested election!

Although the Report bears the signature of each Com-

missioner, there is no real unanimity on its essential features. Thus Mr. SIMON, Professor TURNER, and Mr. SOLATER-BOOTH object to the principle of direct representation of the profession on the Medical Council; Mr. HUXLEY, Professor TURNER, and Mr. BRYCE object to the divisional examinations proposed as the sole portal of admission to the *Register*; while the BISHOP OF PETERBOROUGH advocates a *Staats Examen*—an examination, conducted on behalf of the State, of those who have previously obtained a complete qualification by license, or a degree from some chartered medical authority or authorities.

In a leading article in the *Times* of the 28th June, the editor, remarking on these differences of opinion, says:—

Two things will at once become manifest—first, that their dissent is not likely to rest upon any but weighty and sufficient grounds; secondly, that it can scarcely depend upon the operation of any professional prejudice or any common point of view. It unfortunately happens, moreover, that the questions raised by the separate memoranda are precisely those which were previously in dispute, and for which it was hoped that the Commission might discover some universally acceptable solution. The points on which the eleven members are agreed seem to be chiefly, if not entirely, matters of detail; and the recommendations which they have put forth concerning them are essentially such as were already felt to be inevitable. It is chiefly with reference to the mode of conducting the examination of candidates for the lowest medical license, or bare qualification to practise, and with reference to the mode of appointing the Council by which medical education is to be controlled, that the majority of the Commissioners are more or less dissentient from the report; and these are almost the sole questions upon which the Bills brought into Parliament by the DUKE OF RICHMOND and by LORD RIPON were wrecked.

Further, we think the report does not disclose any very grave necessity for legislation at all. It is quite true that

some examinations are imperfect ; that one body only examines in medicine, and another only in surgery ; but as a matter of fact, how few are there who enter on practice without a qualification in both branches of the profession ? What is more important, how few appointments are open to any who do so ? The absence of any immediate necessity for a new Medical Reform Bill, the serious differences of opinion which exist amongst those who have devoted most attention to the subject, the large amount of arrears of legislative work occasioned by the position of Ireland, and the only too great probability that for a long while yet to come the energies of our legislators will be devoted to devising and carrying out measures for the prevention of robbery and murder in that unhappy country, render it probable that the question will be shelved for some time to come.

As, however, it has been brought before us, and as it is just possible that it may be discussed in Parliament during next Session, we may enquire how far the proposals of the Commission are likely to influence homœopathists, and what precautions we need to take in order to protect our interests.

In approaching the subject from this point of view, we must remember that the Commission had no power to enquire into the details of medical education, and that consequently no Act of Parliament that may be based upon their report will deal with such details. All that the Commission had to consider, and all that an Act of Parliament will embrace, will be the broad professional divisions—medicine, surgery and midwifery. How these several subjects may be treated, either by teachers or examiners, is entirely beyond the scope of an Act of Parliament. And inasmuch as knowledge regarding either is progressive, it is necessarily so.

All, therefore, that can legitimately concern us in an Act of Parliament regulating admission to the rights and

privileges of the profession of medicine is that no obstacle be placed in the way of any one entering the profession on the ground of his believing in homœopathy.

The Medical Act of 1858 contains in its 28rd clause a distinct protection of this kind, and any alteration that may be made in the laws regulating our profession must be jealously watched, lest by some side wind or manœuvre this protection be lost. It is indeed highly improbable that a candidate's faith in homœopathy would nowadays prevent him enjoying the fruits of passing a good examination, but nevertheless it is well not to place temptation in the way of an examiner. Hence we must insist on the retention of this 28rd clause in full force.

It would be very desirable were we able to insist on every candidate being examined as to his knowledge of—not of his faith in—homœopathy, and of the pathogenetic action of drugs. Until examinations do comprise these subjects, they will be, *pro tanto*, imperfect. But these are matters with which we can hardly expect an Act of Parliament to deal. They are for the consideration of the Medical Council, and it is this adamant body that we must impress before we can hope to see a knowledge of homœopathy necessary to admission to the *Medical Register*. Such an impression we can only make when the principles and practice of homœopathy are much more largely appreciated by the profession than they are now. Three hundred members of the profession cannot hope to force their views of what is right and necessary upon twenty-three thousand. The time will come, if we are faithful in practising homœopathy, and earnest in spreading a knowledge of it by every means within our reach, when it will be taught, and when it will form one of the subjects of examination of all candidates for a diploma in medicine. It is to this end that we must labour and strive, and work of this kind is best and most surely performed through the press, the lecture room, and at the bedside. It cannot be done by Acts of Parliament.

AN ADDRESS DELIVERED BEFORE THE FELLOWS AND MEMBERS OF THE BRITISH HOMŒOPATHIC SOCIETY, AT THE CLOSE OF SESSION, 1881-1882.*

By ALFRED C. POPE, M.D., President of the Society.

GENTLEMEN,—We, this evening, bring to a close the proceedings of the thirty-eighth session of our Society. We cannot, I think, do so more appropriately than by inquiring, in the *first* place, what we have done, during the last nine months, towards the accomplishment of those objects for the promotion of which our Society exists. And *secondly*, we may, with advantage, endeavour to ascertain the position which the therapeutic doctrine we are here to cherish and to nourish holds at the present time in the realm of medicine.

The chief object of our Society is the cultivation of therapeutics—of special and general therapeutics.

The study of *Materia Medica* from the pathogenetic standpoint, and the practical application of the lessons derived from this study, are, of all subjects of medical inquiry, those which are most befitting our attention.

On the degree of perfection to which we can bring our knowledge of the action of individual drugs upon the healthy body, and the amount of accuracy with which, guided by the principle *similia similibus curantur*, we can apply this knowledge clinically, depend in a large measure not only our success as healers of disease, but also the influence we have in extending a knowledge of homœopathy, the power we possess of compelling professional inquiry into our therapeutic method.

Let us then occupy ourselves for a few minutes with a rapid sketch of the work of the Society during the past session.

At our first meeting, last October, a paper was read by Dr. Washington Epps based upon the details of two cases of *Chronic Eczema*.

The practical lesson which this essay seemed to me to teach us, was the supreme importance of paying due regard to the diathesis underlying an eruption on the skin. To this end it is essential that the mind of the physician should not be too exclusively occupied either with the locality or the character of the eruption, but that in selecting his medicine he should take into account every other

* Reprinted from the *Annals of the British Homœopathic Society*, Aug., 1882.

symptom of disordered health which is associated with its development. An eruption is but the outward and visible sign of a much more generally diffused and obscurely situated disorder. And it is with this that in order to cure the more obvious indication of ill-health, that we have to do battle; while it is only by a due recognition of the totality of the symptoms that we can accomplish our purpose. To this end we must endeavour to keep as clear as we can of the phrase "skin-disease." It is, I believe, a term which has no really intelligible nosological significance, or, if it have any, it is one that is misleading. The eruption to which it gives such undue prominence is but a symptom or, at the most, a phase of constitutional disturbance. In no class of disease is Hahnemann's injunction to be guided, in drug selection, by the totality of the symptoms, more deserving of our thoughtful attention, than it is in those disorders, one feature of which is an eruption. While at no period in the history of medicine (one in which a scientifically demoralising tendency to specialism has obtained so strong a hold on the mind of the profession), never, I say, was it more necessary than it is now that we should remind one another of the importance of this fact. "If one member of the body suffers all the members suffer with it," and the only way, especially in obscure constitutional forms of disease, in which we can hope, or have any right to expect to be able, by means of medicines, to modify the health of all the members of the body, is by paying due heed to the totality of the symptoms evinced by all, by listening attentively to the language of living pathology.

At the following meeting Mr. Butcher read a paper having for its title *Homœopathic Therapeutics in Surgery*. Thoughtful and interesting as this essay was, it was limited rather to showing that the progress of modern thought lay in the direction of homœopathy than to pointing out the influence of homœopathic medication upon such diseases and injuries as are regarded as being within the province of the surgeon.

This is a subject of considerable importance, and, I trust, that on some future occasion Mr. Butcher will return to its consideration, and handle it with that care and fulness which it deserves, and which he is so capable of giving to it.

Operative surgery is eminently attractive. It affords so wide a scope for the display of coolness, courage, and

manipulative skill, its results are so palpable, and in many instances afford so much immediate relief to the sufferer, that the temptation to cut the Gordian knot of disease with the scalpel, instead of endeavouring to untie it with homœopathically selected medicines, is oftentimes too strong for the surgeon.

Nevertheless the facts remain that many limbs have been saved by such remedial measures, when disease of the joints has seemed to call for their removal by the amputating knife; not a few cases of ophthalmic disorder are still interfered with by those beautiful and delicate instruments which are the pride and boast of ophthalmic surgeons, that ought to yield to medicinal influences; while in a few instances some kinds of tumours have been found to disperse under the action of appropriate remedies. And, further, it has long since been placed beyond dispute that, where surgical procedures have become inevitable, the after treatment has been rendered much more effective by homœopathic medication.

Far be it from me to make light of the value of operative surgery as a means of saving life. Important, necessary, and highly developed as it is, the aim of the surgeon should still be to restrict rather than extend the sphere of operations, to substitute medicine for the knife wherever it may be possible to do so. Much, I think, remains to be done in this direction, and much I feel persuaded may be done by the careful study of individual cases, by giving more unremitting attention to constitutional conditions, and by carefully considering all the symptoms attending the rise, progress, and *status præsens* of a disease.

In December Dr. Burnett criticised with much acuteness and fulness a portion of the article on the pathogenetic properties of *Silver* contained in Dr. Allen's *Encyclopædia of Materia Medica*. The conclusions arrived at by our learned colleague's examination of this article must, I fear, be regarded as calculated to diminish our confidence in the uniform accuracy of the translations from foreign authors which form so considerable a portion of that gigantic work. Its thorough re-examination by competent critics has been shown by Dr. Burnett to be essential. It must, however, be admitted that Dr. Allen has liberally supplied the means necessary for such re-examination by the fulness with which he has given the references to the sources whence

he derived the material he has so industriously collected for us.

No more desirable work can, I believe, be undertaken than the careful re-examination of about one hundred of the most generally useful medicines, the pathogenetic effects of which, being recorded in this *Encyclopædia*, are not contained in Hahnemann's *Materia Medica Pura*. These published as a supplement to that great work—of which we have now, thanks to two distinguished Fellows of our Society, so admirable a rendering—would place within the reach of the physician an ample source of power in his drug-dealings with disease. The necessity for such a work is, I am sure, becoming increasingly felt; and, as in commerce, a demand creates supply, so here I trust that the same influence may ensure a like result.

In January Dr. Clark introduced the subject of the *Antagonistic Action of Medicines*. By a series of apposite and interesting cases of chronic poisoning from *brass*, *opium*, and *arsenic*, he showed that small doses of medicines acting on the same tissues as do these several drugs, relieved, with more or less permanence, the symptoms they had evoked, albeit, in each instance, the influence of the poison was continued.

The practical lesson illustrated by Dr. Clark's cases is alike interesting and important, teaching, as it does, how wide is the sphere and how active is the power of a homœopathically selected medicine.

At our February meeting Dr. Hayward brought before us a study of the different kind of effects produced by large and small doses of the poison of the *Crotalus horridus*. The object of the paper was to direct attention to the relation subsisting between the dose requisite to give rise to a given class of symptoms and that which is necessary in order to cure similar symptoms. A further study of the dose question in the direction pointed out by Dr. Hayward is one that appears likely to prove fruitful.

The time devoted to our meeting in March was wholly absorbed by discussion of a polemical character. While it is much to be regretted that we should be occupied with a debate of this kind to the exclusion of questions having a scientific interest, and of matters of practical value, it was important, and indeed necessary, that the members of this Society should express their opinions regarding a step so serious as that before us on this occasion, even though it

was one for taking which we were in no way responsible. While much earnestly expressed feeling animated both the opponents and supporters of the proposals of the London School of Homœopathy to institute a diploma testifying to a knowledge of homœopathy, it is gratifying to be able to remember here that the discussion was entirely devoid of any of those unpleasant and ungenerous personalities which are so frequently conspicuous on occasions where strong feelings are aroused.

In April Dr. Meyhoffer, of Nice, presented to the Society a very full and elaborate clinical record of a somewhat unusual form of *Acute Pneumonia*. It showed, in a striking manner, the necessity which exists not only in the treatment of chronic disease, but also in that of such as is acute, of being guided in selecting our medicines by the constitutional condition of the patient at the time when the local lesion manifested itself. The presence of any special diathesis in acute disease must not only affect our prognosis, but should also influence our therapeutics.

At our May meeting Dr. Roth described to us the method of treating *Prolapsus* and some other diseases of the uterus by means of exciting active movements in the abdominal and pelvic muscles, devised by Major Brandt, of the Swedish army. The great success which had followed Major Brandt's efforts in this direction, attested as it was, to a large extent at any rate, by distinguished Swedish physicians, as well as the purely palliative character of much of the therapeutics of uterine disease, abundantly justified our energetic and enthusiastic colleague in bringing it before this Society for discussion. At the same time, the mere fact that the treatment proposed involves a somewhat frequent vaginal examination renders it improbable that, unless this part of the process can be modified, it is a method likely to commend itself either to English physicians or English patients.

A few months back the Society appointed a committee to prepare a plan upon which our records of the pathogenetic effects of drugs might be revised. In taking this step the Society had especially in view the critical examination of all the symptoms of ill-health ascribed to the use of those drugs which constitute our *Materia Medica*, the expunging from the provings all untrustworthy and irrelevant matter, and the presentation of the remainder in a

form at once more accurate, concise, and intelligible than that in which they exist at present.

At our meeting on the first day of this month Dr. Hughes laid before the Society a specimen of the plan which the committee recommended the Society to adopt in this revision of the *Materia Medica*. The medicine chosen to exhibit it was *Aloes*. The manner in which the recorded effects of this drug had been dealt with gave rise to considerable and, I trust, useful discussion. The work of the committee was subjected to that rigid and uncompromising form of criticism by which alone our *Materia Medica* can be rendered more and more reliable.

We have, as the direct effects of drugs upon comparatively healthy human beings—I say comparatively healthy, because I doubt the existence of an absolutely healthy person just as much as I question the existence of an absolutely sound horse—we have, as such effects, symptoms which are divisible into two classes.

First, those which are always, or almost always, evoked by large doses in nearly all persons—symptoms such as Dr. Drysdale has termed “absolute.” These are easily recognised, and in the case of *aloes* are well described by many writers on *Materia Medica*.

Secondly, we have such as have been observed to follow only comparatively small doses. These are, for the most part, symptoms which have been, as it were, overshadowed by the weightier consequences of large doses, and are only observable in persons who are especially susceptible to medicinal action. These Dr. Drysdale has termed contingent. Now, in any revision of our *Materia Medica* that we may make, we must be careful to pay due regard to each of these classes of symptoms. We cannot afford to dispense with either. In regard to the first class, there is little difficulty in forming an opinion as to their trustworthiness. But when we have to make an estimate of the degree of genuineness to be attached to symptoms ascribed to small doses, the difficulty of being sure that they are real drug effects is greatly increased.

The work to which I have referred is thus one not only of considerable magnitude but one imposing a large amount of responsibility upon those who have undertaken it. It has, therefore, strong claims upon the support and sympathy of the Society, and is one in the prosecution of

which I trust that every member will feel it to be his duty to render all the assistance in his power.

The revision of our *Pharmacopœia* has also occupied our attention during the past few months. The new edition, which it was resolved should be prepared, is now, I believe, in the press, and will be in the hands of members early next session.

Finally, the Society has this session manifested that interest in the preservation of the public health by the prevention of causes of disease which every medical society is bound to exhibit. In furtherance of this part of our duty we have presented a petition to both Houses of Parliament, drawing attention to the dangers which arise from the sale of colours containing arsenic, especially from the presence of this poison in wall-papers, and while doing so we have pointed out the necessity for legislative enactments rendering the sale and use of materials so detrimental to health illegal.

With a brief reference to some points of detail, I will conclude this portion of the observations I have to lay before you this evening.

During the session we have admitted three new members, two being inceptive and one an ordinary member. Two inceptives have become ordinary members, and three ordinary members have been raised to the rank of "Fellow." Since our last annual assembly we have had to regret the loss of two Fellows, one, Dr. Bayes, by resignation, and the other, Dr. Leadam, by death. Our deceased colleague was elected a member of our Society in 1848. No one was more respected, none more esteemed amongst us, than was Dr. Leadam. His earnest zeal for the promotion of homœopathy was well known to all who had the advantage of his personal acquaintance, while his desire to assist in its scientific development was attested by his long service in the wards of the hospital in which we are here assembled, as well as by his frequent contributions to the proceedings of our Society.

Within the last few days the intelligence has reached us of the death of a distinguished corresponding member of our Society, the venerable Dr. John Franklin Gray, of New York. Dr. Gray was one of the earliest converts to homœopathy in the United States of America, where he has practised homœopathy since 1828, and was also one of the founders of the American Institute of Homœopathy.

Of him one of his contemporaries has said, "Dr. Gray may truly be reckoned the very first scientific homœopathic physician after Dr. Gram [who introduced the practice of homœopathy into New York], and he has been an unflinching and constant champion of it up to the present hour."

I should be most imperfectly fulfilling my duties here this evening were I to omit the mention of another loss which the Society has sustained this session in the resignation by Dr. Hamilton of the office of Treasurer. Elected a member in 1847 he was within a few years—three or four, I believe—chosen to fill that office to which he has been unanimously re-elected at each succeeding annual assembly, and from which he has, after more than thirty years of valuable service, only definitely retired this evening. By the care and attention he has devoted to the financial interests of the Society and the uniform kindness and courtesy he has displayed to its Fellows and Members, Dr. Hamilton has abundantly earned the thanks we have very cordially presented to him this evening. We all trust that, though he has ceased to be an officer, he will long remain associated with us as a Fellow, and by his presence at our meetings add to the advantages we attend here to obtain.

Leaving now the consideration of our work here during the past session, I must ask you to bear with me for a short time longer while I endeavour to reply to the questions—Is a knowledge of homœopathy increasing? Is it, as a method of drug selection, more appreciated now than once it was? Is its influence upon general therapeutics extending.

How variously are such enquiries met by different classes of people!

Thus, we are told by writers in the allopathic medical press that homœopathy exists but as a "trade mark," save as something to attract patients to particular practitioners.

Again, a few there are amongst ourselves who never weary of uttering the cry that homœopathy is "going to the dogs," that the practice of homœopathy nowadays is not that perfection of therapeutics it was when they were young, ardent, and industrious, that medicines are not selected with that degree of accuracy that they were wont to be thirty years ago, and that at the present time they

are too generally prescribed in doses which, from their size, preclude their having a curative and render them liable to excite a pathogenetic action.

Lastly, we find a small but somewhat noisy band, whose mission it would seem to be to proclaim on every possible occasion, and through every available medium, not excepting an allopathic medical journal—a kind of periodical only too glad to give them the use of its columns—that the present generation of physicians who openly acknowledge the truth of homœopathy know nothing thereof, but rarely practise homœopathically, and that they and they alone, few in number and contentious in character as they are, are the only representatives of this therapeutic method.

The questions I have proposed to discuss may, I think, be best replied to by a brief notice of each of these three classes.

The allopathic journalist has greedily snatched at the suggestion made, for the first time some eight or ten years ago, by Mr. Oliver Pemberton, of Birmingham, that the offence of homœopathy lies in the name attached to it. It was a clever and ingenious hit of Mr. Pemberton's was this inveighing against the name; and it has been a most successful one, for not only has it had the influence it was desired that it should have upon the minds of allopathic practitioners, but it has succeeded in somewhat obscuring the vision of a few of our own members. It has impressed their sensitiveness to the charge it implies of using adventitious means for securing patients. Further, it has furnished some who know that homœopathy is true, and know, still more decidedly, that the isolated position of an avowed homœopathist is a bed of thorns rather than one of roses, with a plausible excuse for practising homœopathy without acknowledging that they do so, for shirking and evading those responsibilities which their knowledge imposes upon them. As an excuse for such a course of action I have heard it urged that one does not know what homœopathy is; that by one author it is regarded as meaning one thing, by another as something else, and by a third as that which is quite different still. Such a mode of evading a difficulty will not bear examination. Let any member of the profession endeavour to procure admission to a medical society where homœopathic practitioners are excluded by stating that he is not a homœopathist, but that, at the same time, he has no doubt that medicines

which in health produce conditions like those they are desired to cure are those which are most useful in such cases, and he will be very promptly informed that he is not eligible for election, that he is endeavouring to sail under false colours, and that a mere repudiation of the name is insufficient to entitle him to receive professional fellowship.

The *Lancet*, which has to a large extent educated the profession in its opposition to homœopathy, and now represents the feeling regarding it of a very considerable proportion of its members, has told us, with ample distinctness, that "nothing less than the most unreserved renunciation of all the dogmas of homœopathy, both in name and in deed, will be accepted" (June 2nd, 1877).

Gentlemen, the word "homœopathy" is no trade mark. It is the concise definition of a therapeutic doctrine, of a doctrine having a wider scope and greater practical value than any other in the whole range of medical science. Neither are "Hahnemannism" and "Homœopathy" equivalent terms. The former may be fairly held to denote the entire teaching of the illustrious physician from whose name it has been coined. Comparatively few of those who believe in homœopathy are prepared to pin their faith to every precept taught by him to whom we are indebted for our familiarity with the therapeutic doctrine of the transcendent value of which we are one and all convinced.

In reality, however, the use of the word homœopathy by those who believe in it is protested against, because it involves an open confession that the doctrine it expresses is true. This doctrine, according to some, may without offence be taught piecemeal, it may be illustrated by individual cases after an empirical fashion, and it is permissible to comment upon such cases in detail, and without any distinct allusion to the doctrine itself you are at liberty to bring out every feature of it; but once define this doctrine by a comprehensive word, and you are perpetrating an outrage upon medical propriety! A therapeutic doctrine may be perfectly sound—at least, that known as homœopathy may be so—but that doctrine must not have a verbal definition!

Such is the practical outcome of the objection raised to the name. To me it appears to be, in the first place, childish; and, in the second, as obstructive to therapeutic

progress. To admit the truth of a doctrine, and yet to declare that the definition of that doctrine by a particular word is an offence, would seem to be a proposition that could not be defended. Neither is it; it is simply asserted. Why is it so? Why has it been raised? Why has it been so repeatedly pressed upon the attention of the profession by the chief organs of medical opinion? The answer to these questions will, I think, be found in the consideration of the position which those who object to the use of the word homœopathy have occupied towards the doctrine it denotes in the past, and that which they now fill towards it.

For half a century the medical press of this country has uniformly denounced homœopathy as a "farrago of absurdity" and a "form of quackery;" it has represented this doctrine as "a folly," and its practice as a "fraud."

So much for the past. What is the state of therapeutics to-day? What are the books on *Materia Medica* so cordially recommended to the study of their readers by the medical journals now?

The very periodicals which have in the past derided, misrepresented, and attacked homœopathy and its advocates with such uncompromising virulence, have, during the last few years, with ever increasing frequency, presented their readers with hints for using various medicines first made known through the study and practice of homœopathy. While, as to the text-books on *Materia Medica* which have the ear of the profession, they abound in practical lessons filched from the teachings of homœopathy. Thus to a very large extent is homœopathy taught—taught empirically it is true, taught without any reference to a therapeutic doctrine—but none the less taught, and therefore practically endorsed.

How is it possible to reconcile the contumely with which homœopathy has been treated—aye, and is still treated—with the adoption, not only of uses of old remedies first made known through its practice, but of drugs—such as *pulsatilla*, for example—which prior to the study of homœopathy were but little known in medicine? Such positions as these cannot be reconciled. If the therapeutic facts, now so widely admitted to be not only true, but valuable truths, are accepted, the disparagement with which homœopathy has hitherto been and still is regarded was and is undeserved, unjust, unworthy of the intelligence of those who are responsible for it.

The *Lancet* and its contemporaries must, however, maintain their consistency. The courage to admit an error they have not ; the amount of honesty necessary to enable them to confess that their misrepresentations were due to a want of knowledge of the questions at issue is lacking.

Many facts derived from the therapeutic work that homœopathists have accomplished have, in these latter days, been appropriated and disseminated by authorities too influential to admit of their utterances, whencesoever obtained, being burked. It is impossible to prevent these facts being utilised. Hence it comes that while the newly gained light is freely exhibited, every effort is made to obscure the source whence it was obtained. Hence comes the desire to prevent, and if possible to prohibit, all reference to the doctrine so long protested against. That doctrine, very many of the practical results of which are now so commonly adopted and taught, is, nevertheless, the same doctrine as that to the falsity of which the medical press has through long years committed itself, and which for consistency's sake it must still denounce, even while circulating among its readers some of the fruit which has been derived from it. Hence it comes that the medical profession is, as it were, enjoined to accept, in an empirical manner, the facts which homœopathists have brought to light, but is at the same time adjured to repudiate, or, at the least, to obscure the doctrine through the practice of which these facts were brought to light.

It is then, I verily believe, in order that the virulent opposition with which homœopathy has been encountered may be justified, while the results which have flowed from its study are silently utilised, that it is now sought to sever the word homœopathy from the practice and teaching thereof.

2ndly. To abandon—were such a thing possible—the use of the word homœopathy would, I submit, be to offer an obstruction to therapeutic progress.

Lose sight of the word homœopathy, and ere long you will lose sight of the doctrine signified by that word. Having lost sight of the doctrine of homœopathy what will remain ? A large collection of unstrung empirical facts ; facts of untold value when interpreted by the light of the homœopathic law, but when viewed without that connecting link, incapable of being understood or appreciated, and, save imperfectly, and ever uncertainly made use of in practice.

Again, the doctrine of homœopathy being lost sight of, how are we to discover or apply new remedies? How are we to meet hitherto unknown forms of disease? How can we devote our energies to improving the treatment of such disorders as must even now be ranked as incurable?

Homœopathy is the only therapeutic doctrine which ever has taught, and, so far as we can see at present, the only doctrine which can teach us the specific or directly curative uses of a given drug. The knowledge of every direct drug-remedy, of every medicine, that is, which is admitted to be curative of a given condition—which has not been discovered through homœopathy—has been made known only through accident or tradition.

To modern pharmacological investigations we frequently hear ascribed the discovery of the remedial virtues of such drugs as the *bromide of potassium*, *chloral*, *morphia*, and *salicylic acid*! What disease, in the treatment of which they are most fashionable, does either *cure*? The *bromide* will, it is true, suspend at times the development of an epileptic paroxysm, but you have only to omit the daily dose to discover that your epileptic patient is not cured, and worse still you have, in many instances, but to watch him, to note how his originally small modicum of intellectual power is gradually lessening. *Chloral* will send your worried and sleepless invalid into a state of unconsciousness for a time, but it will not cure the nerve disturbance which has previously prevented sleep. *Morphia* will numb the sensation of pain, but it will not cure the condition which has provoked it. *Salicylic acid* will, perchance, reduce the temperature of a rheumatic fever, but a large amount of clinical experience has shown that there is but scant reason to believe that it has any influence on the course of the disease.

And so I might go on throughout the whole series of those new medicines, which are, by some therapeutists, regarded as the glory of the pharmacological researches of our time. They are palliative not curative of disease.

On the other hand, to homœopathy we owe the knowledge that *aconite* cures sthenic fever, that *phosphorus* cures pneumonia, that *bryonia* cures rheumatism, that *corrosive sublimate* cures dysentery, that *camphor*, *copper*, and *arsenic* cure cholera and so on.

In short, the study of the effects of drugs upon healthy men and women, and the clinical application, by the

guidance of the law of similars, of the knowledge thus obtained, is the *only* method by which the specific, the directly therapeutic power of drugs can be ascertained, and this method is known far and wide throughout the whole civilised world as homœopathy.

Are we then, I would ask you, are we prepared to lose sight of such a doctrine, of such a method as this? Are we prepared, in obedience to the mandate of the Royal College of Physicians, or of any other body, to cease from proclaiming its truth, to desist from its public teaching, to draw a veil of silence over our knowledge of it? May God forbid!

To what end, I would have you consider, are we asked to abjure the word homœopathy?

The College of Physicians, did we consent to do so, would, we are led to infer, cease from raising objections to their Fellows and Members meeting us in consultation, to our admission into medical societies, to our holding public medical appointments. The *Lancet*, however, speaking on behalf of the general practitioner, very distinctly informed the College that a mere renunciation of the name homœopathy would not satisfy its *clientèle*. It is the doctrine and practice of homœopathy that we are, by this oracle of medical opinion, urged to abandon; it is the justice of the course the *Lancet* has pursued towards homœopathy in the past that we must bear witness to, if we would gain such results as these!

But, supposing it were otherwise, is there, I would ask, any one who, for privileges so comparatively paltry as these, would renounce his freedom of speech, would abstain from declaring his faith in so important a doctrine as that of homœopathy, who would barter away the honour of taking part in the development of the therapeutics of a day not far distant now? If such an one there be I pity him. In place of the countenance of those whose favour he desires he will but receive their contempt, and in so doing he will but get his deserts. And what he will feel more still, aye and as long as he possesses an unseared conscience, is an ever-abiding sense of humiliation. He will stand self-convicted of having allowed his tongue to be tied when he knew that it ought to be actively employed; he will be conscious of possessing a knowledge he has sacrificed his right to communicate.

“ Practise homœopathy by all means, but say nothing

about it," is the advice which is now and again vouchsafed to medical men, who are fully alive to the imperfections and risks of the practice of medicine as taught in the schools, who have a firm faith in the value of homœopathy, but who are, at the same time, repelled from an open avowal of its truth by the disabilities such an acknowledgment entails.

Well, gentlemen, I do not mind confessing that now, nearly thirty years ago, such an idea floated before my own mind. It required, however, but little reflection to assure me that, were I to practise medicine after a method so little understood, so generally denounced, so constantly misrepresented, and yet withal of such surpassing value to the sick as I knew homœopathy to be, and were I at the same time, from motives of self-interest or from fear of consequences, to refrain from admitting how I gained my therapeutic knowledge, there would be no person in the whole world who I should so thoroughly despise as myself. With such a consciousness ever preying upon one life would not be worth possessing.

No, gentlemen, take into consideration these two facts—*first*, homœopathy has been proved by a large mass of well-attested evidence to be a great life-saving, illness-shortening truth; to be the basis of all specific drug-therapeutic progress; and then, *secondly*, homœopathy is a truth, against the spread of which there is a widely organised conspiracy, resistance to which involves much that is unpleasant. Put these two facts together and then, remembering Nelson's address to his sailors, let each ask himself "What is my duty?"

Let us then, each and all, rest assured that it is impossible to contribute to the advance of therapeutics, in a direction likely to be permanently fruitful, without bearing testimony, not only to the doctrine which constitutes the foundation of specific medicine, but also, without adhering to the name which that doctrine has hitherto borne, bears still, and ever will bear.

While, however, I insist thus earnestly upon the retention in our medical literature of the word homœopathy, as one that is not only legitimate, but full of meaning, and essential to real therapeutic progress,—it is its scientific employment, and not its professional use, that I desire to impress upon you to-night.

The appearance of this word upon the door-plate of a practitioner is, to say the least of it, an exhibition of bad taste. All that a medical man requires here is the announcement of his profession. The word homœopathist, in such a position, suggests the existence of a distinct profession. This homœopathy is not. It is the highest development the therapeutic art has attained at the present moment. It is, therefore, not only an integral part of medicine, but it is the most scientific phase on which that department of medicine known as therapeutics has, so far, entered.

Our aim is, and ever ought to be, to ensure the cultivation of the doctrine we cherish within the profession, and by every member of it. By describing ourselves, in public places, as Homœopathists, we give some excuse for the charge that we desire to remain separate and apart from the great body of the profession. We have no such desire; but, on the contrary, would readily join the general medical societies, and in them discuss, illustrate, and endeavour to propagate, the doctrine of homœopathy.

And, further, such a designation, so used, does to some extent justify the imputation that, in the treatment of disease, we profess to place our sole reliance upon homœopathically selected medicines. This we do not profess to do. On the contrary, we have ever acknowledged that we avail ourselves in practice of as large a variety of resources, in endeavouring to counteract disease, as any members of the profession are accustomed to do. Homœopathy relates to the giving of medicines alone, while the art of therapeutics comprehends much besides pure medication. Again, with regard to medicines, we know, and gladly avail ourselves of the knowledge, that in the vast proportion of the diseased conditions with which we are called upon to deal, the homœopathically selected medicine is that which is productive of the greatest amount of benefit to be derived from medicine. But at the same time we admit, and ever have admitted, that there are some cases where antipathic palliatives can alone give such relief as medicine is calculated to afford. These are few in number it is true, and the more intimate becomes our acquaintance with the *Materia Medica* will be yet fewer still—but we must, in the meantime, recognise their existence, recognise the imperfection of our knowledge. Hence it is more in harmony with our real position that we should describe ourselves as physicians

or surgeons, than that we should put thus prominently forward the designation Homœopathist.

Believing in the therapeutic superiority of the law of similars, and acting upon that belief in the treatment of disease, as far as lies in our power, we are homœopathists truly, but we are so in a scientific sense, not in one that may be regarded as professional.

No one ever described the position we occupy, as members of the profession of medicine, towards the word homœopathy better or more clearly than did Dr. Bayes when, after hearing a paper by Dr. Francis Black (read at a meeting of this Society), entitled "*Am I a Physician or am I a Homœopathist?*" he wrote the note to Dr. Black, an extract from which appears appended to that paper, as published in the 4th volume of our *Annals* (p. 404). In this note Dr. Bayes drew Dr. Black's attention to a pamphlet, published by him a few years previously, in which he had written: "For my own part, I have investigated the subject, and the result of my investigation has been, that I have adopted homœopathy into my practice. Observe, *I object to the title of 'Homœopath.'* Its assumption savours of sectarianism. I object to any other title than that of 'Physician' or, at the most, 'Physician practising Homœopathy.'"

Our societies, our journals, our schools, our public hospitals and dispensaries present this question under another aspect. The *raison d'être* of these institutions is the public setting forth, teaching, and illustrating of homœopathy. But for the obligation imposed upon us to fulfil such purposes as these they would have no existence. They have been established and are carried on solely because in no medical society, journal, school, hospital, or dispensary connected with general medicine, can homœopathy be set forth, taught or practised at the present time. And further, they receive the distinctive appellation "Homœopathic" because it is of the first importance that all who are desirous of knowing what homœopathy is should have an opportunity of knowing also where they may learn somewhat of it.

SECONDLY. The *Lancet* and its contemporaries having described homœopathy as extinct, save as a trade-mark, we

meet also, ever and anon, with some *laudator temporis acti* amongst ourselves deploring the imperfections of the practice of homœopathy in our day. How far is the depression such an one displays justifiable?

The chief differences observable between the homœopaths of to-day and those of thirty or forty years ago are, I think, that at that time there was a disposition to accept the statements and conclusions of Hahnemann with more or less of unquestioning confidence, while to-day such statements and conclusions are met by and subjected to a rigid criticism. Then the personal influence that had been exerted by Hahnemann was still felt, now this is no longer perceptible.

Then almost any assertion regarding the effects of a drug ascribed to however infinitesimal a dose, and occurring at a period, no matter how long, after it had been taken, was accepted without a doubt being raised as to its reality; to-day our provings are examined in almost every direction. The very translations we have of experiments recorded in a foreign tongue are held as being open to question until they have been overhauled by competent philological critics.

Then, again, the dosage commonly employed by homœopathic physicians thirty or forty years ago was much more uniformly infinitesimal than it is to-day. The various questions involved in the consideration of the necessity and advantages of relatively small and large doses have received a very ample measure of discussion during this period, and the practice of homœopathy in this direction is now based upon exact personal observation rather than upon the traditions handed down by Hahnemann.

In short, the chief difference between the practice of homœopathy now and that of the good old days when some of us were younger is, that the former is much more critical, much more exacting as to matters of fact, than was the latter. In such a change there is seen nothing of retrogression; on the contrary, all criticism, all inquiry, is healthy, and tends but to sound enduring progress.

Nevertheless, there are some points upon the importance of which, while we are all agreed in the abstract, we still require to be frequently reminded if we would continue in the paths of progress.

First and foremost among such is the study of the *Materia Medica*. Here I refer, not so much to the study of the action and uses of individual drugs, as to that of the

relation of individual drugs to individual cases. In the early history of homœopathy, as we may see by Hahnemann's well-known recital of two cases, the method of finding a medicine by covering the symptoms was much more precise than any commonly employed to-day. It was indeed one much more easily employed then than it is now. Then the number of medicines available for examination was but small, now it extends to several hundreds. Further, there is something repugnant to our intellectuality in the idea of being shut up to so purely mechanical a process as this. Hence, at the present time, the general pathological state of a patient is first of all compared with the pathogenetic action of several drugs, and then that one of this group, the symptoms produced by which most closely resemble those of the individual patient, is chosen.

This is a perfectly sound and reliable method when *completely* carried out. But, it must be confessed that, the temptation to guess at rather than by reference to the *Materia Medica* to ascertain which of the group selected for more minute comparison is most completely homœopathic to the condition of the patient, is oftentimes too strong to enable us, by making such reference, to select our medicine as carefully and therefore as successfully as we might do.

If we would avoid the unscientific and often unsatisfactory method of alternating medicines, if we would reap the full advantages of small doses, and if we would be independent of the use of palliatives, it is only by the study of the *Materia Medica* in connection with individual cases that we can gratify our desires.

There is, I believe, little if any doubt but that many of the failures to relieve disease that fall to the lot of each of us now and again, the occasions we ever and anon give to the enemy to blaspheme, and the only approach to a justification for despairing of the future of homœopathy which any pessimists amongst ourselves can make, lies in a neglect or an imperfect study of the *Materia Medica*.

Whatever excuse for such neglect comparatively imperfect renderings of drug pathogenesies may have furnished in the past is now rapidly disappearing. So far as the best proved medicines in our possession are concerned—those provings through the unremitting study of which the early triumphs of homœopathy were won—we can now offer no such excuse at all.

The *Materia Medica Pura* of Hahnemann, as translated by Dr. Dudgeon and annotated by Dr. Hughes, is, I believe, as reliable a translation and as accurate in observation as any work in the literature of medicine.

As further silencing this excuse, let me remind you that with all its shortcomings, with all its errors of observation, with all its oversights and translators' blunders, the English version of our *Materia Medica* has enabled the large majority of British and American homœopathic practitioners to encounter disease with a degree of success far, very far in advance of any that either is or can be secured by the most eminent of allopathic physicians.

Such a work as this, one that has produced results so brilliant, is, I maintain, well worthy of our confidence, and quite available for affording us the information we require.

Permit me, then, to ask you to reflect, once again, upon the importance and indeed the necessity of our studying individual cases with the records of the pathogenetic effects of drugs before us.

THIRDLY. We are told by a few—so far as this country is concerned, numbering some half-dozen I believe—that they, and they alone, are true practitioners of homœopathy, that they, and they alone, understand what homœopathy really is, and that all beside who profess to believe therein and to practise homœopathically are but deluding themselves and those who, in the hope of obtaining the advantages which homœopathy is well known to present, are in the habit of consulting them.

The arrogance and presumption which characterise these pretensions are apparent on the surface; but I desire nevertheless to examine very briefly the basis on which they rest.

The first principle of the Hahnemannians is, I understand, that the entire body of precepts, doctrinal and practical, contained in the latest edition of the *Organon* of Hahnemann is represented by the word homœopathy. Any departure from these precepts is, they tell us, a departure from homœopathy, and, as they would have us believe, a departure from truth. All criticism of Hahnemann's assertions is but little, if at all, short of treason. In prescribing, the dose must be restricted to the highest imaginable dilution. The method of attaining such a dilution, or rather, as it is termed, "potency," must not be

too closely examined. It is sufficient for all to know that the instruments devised for this purpose are ingeniously designed and declared by their inventors to be adequate to the purpose for which they are used. We are therefore bound, I presume, to conclude that they do actually effect, within the space of a few hours, the millionth dilution of any substance. Further, the Hahnemannian would have us believe that anything beyond a single dose of such a dilution of the most accurately corresponding medicine is not only entirely unnecessary for the cure of disease, but is distinctly prejudicial to the recovery of the sick.

An abscess, however painful and obvious, must not be opened. All external applications, whether homœopathic or simply warm and soothing, must be regarded as obnoxious.

Now, gentlemen, I maintain that the *Organon*, while containing homœopathy, contains also a great deal that has no necessary connection with it. Hahnemann was just as much a homœopathist when he published the first edition of his *Organon* as he was when, five-and-twenty years later, he issued the fifth. And yet it is only in this last and in one that appeared a few years earlier that he gave expression to those views on which his servile imitators of to-day lay so much stress, views which thoughtful and intelligent critics have for the most part regarded as untenable and as inconsistent with the developments of modern science.

Nothing, to my thinking, does greater injury to Hahnemann's memory than perpetually insisting upon the truth of that which the state of science in his day did not render impossible, but which modern researches have shown to be so.

The greatest men who have adorned the profession of medicine have been necessarily tied by the science of the day in which they lived. Their views and opinions were in advance of those of their predecessors just as the light which we are privileged to possess, is greater than that which our fathers enjoyed.

The marvel is, not that Hahnemann erred occasionally, but that he erred so little as he did. That he should have recognised facts which few beside himself could see, but of the truth of which all are now convinced; that well nigh a hundred years ago he should have lifted up his voice in the denunciation of the bloodletting, mercurialism, and purgation, that constituted nine-tenths of the therapeutics of the time, displayed not only

courage but an insight into the nature and requirements of disease, which was fully fifty years in advance of the age in which he lived. That single-handed, and despite a powerful opposition, he should, ere this century opened, have proclaimed a therapeutic doctrine and have set forth the means for carrying it into practice, and that this doctrine should prove to be one which to-day is largely recognised everywhere, and that these means should have formed a method of practically applying it, the details of which are gradually but surely asserting their pre-eminence, evinces a mental power, a scientific foresight, an acuteness of perception, which must, in the near future, excite the admiration of all students of the history of medicine.

Achievements such as these ought not to have their lustre dimmed, their true greatness overshadowed by placing in the front of them the mysticism which clouded the latter years of their author. The theoretical notions of the veteran of eighty should not be allowed to obscure the work of one whose vigorous manhood gave to the world a doctrine so far-reaching as homœopathy, and a method so exact as the physiological study of drugs, the small dose, and the single medicine.

Homœopathy, then, I contend, does not, as the self-styled Hahnemannian would have us believe, consist in the entire body of Hahnemann's teachings, but in the practical application of the doctrine of similars in the selection of medicines to cure the sick. The practice of homœopathy does not enable us to dispense with fomentations, poultices, the evacuation of abscesses, and so on, any more than through its adoption we can disregard attention to the food, sanitary surroundings, and habits of those who consult us. So far as the prescribing of medicines is concerned, in all, save a few cases, it directs us to the use of such as are amply sufficient to fulfil all the purposes to which medicines can be applied with the *maximum* of advantage. But we cannot therefore in any case afford to neglect the use of means for supplying relief derived from other than medicinal sources.

While then a Hahnemannian is a homœopathist, a homœopathist is not necessarily a Hahnemannian; and the exclusive position to which the latter pretends is one to which he has no title: and further, by pertinaciously pressing his claims thereto, he is, in reality, impeding the progress of the very therapeutic method the name of which he declares to be so peculiarly his own.

In conclusion, gentlemen, the reflections which I have submitted to you seem to me to suggest that we have arrived at a period in the history of our therapeutic method which we are justified in regarding as critical.

The antagonism of that section of the profession, whence has proceeded the most pronounced opposition to every item in our therapeutic creed, has, in a large degree, dwindled down to a mistaken and, as it appears to me, a somewhat puerile objection to the name it bears.

Some few months since I had an opportunity of referring to this point at a meeting of non-homœopathic practitioners; and, when addressing them, I said—"You have to a very considerable extent, in practice though not in theory, accepted the principle of similars as one of drug selection; you have adopted Hahnemann's plan of studying the effects of drugs by the light shed upon them through the effects they produce upon healthy men and women; you prescribe medicines selected on this principle in doses of, amongst yourselves, previously unheard of smallness, and you exhibit such medicines singly and uncombined. All that you protest against now is the name which this method bears. Having gone so far, it will not be long ere you admit the propriety of the name likewise."

Now, gentlemen, what I do most earnestly desire to impress upon your minds to-night is, that the length of time which must elapse ere this consummation is reached depends entirely upon ourselves—depends entirely upon those who now openly recognise the truth of homœopathy.

When we reflect upon the importance of homœopathy, when we consider that we *know* that through it disease is cured or relieved more quickly, more certainly, and more safely than by any other method, the responsibility resting upon us to do all in our power to hasten this time is no light one.

No one understanding what homœopathy is can read such works as those of Ringer, Phillips, and Bartholow—no one can peruse such papers as those which, reprinted from the New York journals, were published in the May number of the *Homœopathic Review*—no one can reflect upon such a contribution as that on cardiac therapeutics made by Mr. Wood Forster, of Darlington, to the *British Medical Journal* of the 15th of April last—without being assured of the immense advance which homœopathy has made during the last few years towards attaining that

position of prominence it is destined to hold in the world of medicine.

How, I would ask, is it that it has achieved its present *status*? Has it been by hesitating to use the word homœopathy on all fitting occasions? Verily, no! On the contrary, it has been by steadily and perseveringly proclaiming what homœopathy is. It has been by repeatedly illustrating the practice of homœopathy. It has been by consistent efforts to treat disease homœopathically. It has been by the success which has followed these efforts, made as they have been by a small band of resolute and devoted practitioners pursuing their calling under difficulties of no small magnitude.

And, gentlemen, if we would see the arrival of the day when homœopathy shall be taught in all our medical schools, when it shall form the basis of therapeutics in all our hospitals, it is only by pursuing the same course as that which we, and those who have preceded us, have pursued hitherto, that we can hope to witness it.

In order that we may do all that lies in our power towards speeding the time when the therapeutic doctrine we hold in so much esteem shall receive that full and complete recognition to which it is entitled, we must adhere tenaciously to the scientific use of that word which expresses it. We must insist on the correct interpretation of this word, an interpretation involving simply and solely the principle of similars, and the necessity, in putting this principle into practice, of the study of the physiological action of drugs, of employing medicines in comparatively small doses, and uncombined.

We must support, and improve, every means we possess for teaching and disseminating the doctrine we desire to make known. Our hospitals and dispensaries, our journals, our societies and our schools.

Finally, but before all and above all, it behoves us to be especially careful how we put this doctrine into practice. We must do so in a manner that will enable us to cure disease most certainly and most promptly. That we may accomplish this, the supreme end of our mission as physicians, we must study, with the greatest care, the records of drug action contained in our *Materia Medica*. We must feel that no time is lost, no labour is too great, which is spent in endeavouring to avoid falling back upon palliatives

on the one hand, or surgical procedures on the other, in order that we may remedy disease by medicine.

Such is our duty, and never since the day when the first volume of Hahnemann's *Materia Medica Pura* was published have our opportunities for performing this duty been so great as they are now.

So far then from being extinct I verily believe that never before was homœopathy either scientifically or empirically so generally practised as it is at this hour. So far from "going to the dogs," never before was homœopathy the subject of so much careful, cautious, and exact critical study as it is at the present time. So far from the small sect of the Hahnemannians being the exclusive possessors of the brilliant inheritance bequeathed to us by Hahnemann, never ere now was the work he performed so largely appreciated, so generally availed of, as it is to-day.

HOMŒOPATHIC PRACTICE.*

By DR. HUGHES.

GENTLEMEN.—We have now surveyed the method of Hahnemann, in all that is essential to it. It is a rule—let likes be treated by likes. The "likes" are—on the one side the clinical features of disease, with such knowledge of its ætiology and pathology as can be had; on the other, the physiological action of drugs. This similarity is to be, as far as possible, generic, specific, and individual; and the remedy thus selected is to be given (as a rule) singly, rarely, constitutionally, and minutely. If you have followed with concurrence the reasonings I have set before you, I trust you are satisfied that this method has every claim—scientific and practical—upon our acceptance; that our wisdom as medical men is to carry it out wherever it is applicable.

I have yet to speak to you of some subsidiary matters—of the philosophy of homœopathy, the rationale of its curative process; of its history in the world of medicine; and of its claims on the profession. I shall also say something of the theories of its founder, which, though logically unconnected with his method, have actually had a good deal to do with both its controversial and its practical

* A Lecture delivered in the London School of Homœopathy, June 29th, 1882.

aspects. But before passing on to these, I feel bound to dwell on another series of considerations. I am assuming that you accept the method of Hahnemann, that you intend to adopt "homœopathic practice." What does this involve? What alteration does it make in your relation to the profession and the public? What duties does it lay upon you? What provision must you make, and what course of action must you follow, to carry it out aright? You may well ask such questions; and I am bound to answer them. Let us pass to-day, then, from the principles of homœopathy to its practice.

I. When Hahnemann first propounded his method, he did so in the ordinary medical journals, addressing himself to his colleagues. He wrote, as he acted, in the liberty which every qualified physician is supposed to have, of doing what he thinks best for his patients, and of expressing his views among his peers. But this liberty, which had been granted to every systematiser who had preceded him, and has never since been refused, was denied to him. The reform in therapeutics he proposed was so great, so sweeping; the mode of treatment he would substitute for that then current so put to shame its complexity, its violence, its absence of solid base, that the practitioners of his day could not bear it. They silenced him in their journals; they stirred up the druggists to hinder his dispensing his medicines; they invoked the arm of the State to forbid the new practice. If any man would carry it on, he must do so secretly. It was outlawed alike professionally and politically.

Nevertheless, it was believed in: it was adopted. Those who dared to adhere to it found themselves excluded from all the associations whereby the practitioners of medicine seek to advance themselves in the knowledge of their art. Membership of medical societies, practice in established hospitals, freedom of utterance in professional journals, was denied them: the recognition of truth to which their reason led them, and the application of it for the good of their patients to which their conscience constrained them, were treated as crimes. Their only wish was to practise freely, in their natural position, what their judgment dictated to be best; but this was sternly disallowed them. What was the result? As they multiplied, they set up societies, hospitals, journals for themselves, calling these

by the name of the method to which they were devoted. As time went on, schools and colleges had to be established to teach the new method, whose very mention was tabooed in the existing educational institutions; and homœopathic pharmacies became necessary, where our medicines could be obtained, and homœopathic directories, from which the public could learn who were practitioners of the system.

The consequence is, that homœopathy has acquired an organisation. From a creed it has become a church. The new adherent to it at the present day finds it in this position, and the first question he has to decide is whether he shall join this church or not. Shall he simply embrace the creed, practising it as far as his patients and colleagues permit, and professing it no more than occasion demands? Or shall he avow his faith, affiliate himself to homœopathic institutions, and allow his name to appear in the *Homœopathic Directory*? Now, I am well aware of how much there is to be said for the former alternative. In the abstract, it is the legitimate course to follow. It was the mode of proceeding adopted in every country at the first, until the intolerance of the profession compelled its abandonment; and each new convert must feel strongly induced to attempt it afresh. But, much as I sympathise with the sentiment which actuates him, I can have no hesitation in advising him to prefer the other course. The organisation of homœopathy was, indeed, forced upon it; but, however acquired, it now belongs to it as a body to its soul. The position it has taken up was not of its seeking; but, having been occupied, it cannot be abandoned without fatal misunderstanding. We, who have held the fort for many a day, must continue to hold it until our claims are yielded, and our method receives its legitimate recognition, our mode of practice its due liberty and honour. We cannot do so unless from time to time we receive reinforcements to supply the gaps left by age, sickness, and death. The greater our numbers, the better our institutions are manned and our journals filled, the more respect we shall win for our system, the nearer we shall bring the day when the profession shall be forced to recognise it and to invite us back to free fellowship. Till then, do not weaken the cause by standing aloof from its embodiments. Allow your names to be placed in the *Homœopathic Directory*, or rather, be proud of it as of an enrolment in a Legion of Honour. Seek service in any homœopathic hospital or

dispensary which may be in your neighbourhood; send cases to the homœopathic journals; apply for membership in the British or other Homœopathic Society. Every man who acts thus lends fresh strength to the witness we bear to truth in medicine, and hastens the day of its victory.

I know that in the meantime the course of conduct to which I invite you involves heavy sacrifices. Things are not indeed as bad as they were, when to avow one's belief in homœopathy meant professional and even social outlawry. But the price is still a heavy one to pay. Such memberships and appointments as you may have you will find it hard to retain, and you will get no more. Consultations and assistance will be generally grudged, often refused. By many of your fellows you will be treated as a black sheep, spoken of behind your back as a fool, if not knave, met face to face with significant coldness. Even the more liberal-minded, though they tolerate you, will do it with a pity which is often contemptuous. There are, of course, exceptions to this rule, in individuals, and even in circles—among which Birmingham deserves honourable mention; but as a rule it holds good. You must run the risk of being so treated. But what of that? Are you the first who has had to suffer for truth—to go, if need be, without the camp, bearing its reproach? Count the cost, indeed, before you make your avowal; but do not let it deter you from making it. To some extent you will find compensation. Another fellowship will welcome you, other places of honour and usefulness will be open to you. Still, you will be a heavy loser, and can only incur the loss in the firm conviction that you are thereby serving the cause of truth. This conviction is mine; I trust it may also be yours.

II. This, then, is the first thing I have to advise—that you avow your new faith in the most practical way, identify yourself with its body and not merely its soul, join its church as well as profess its creed. And now arises the next question,—What are the duties of the new position you have taken up? In what way do they differ from those of every practitioner of medicine?

Do you, in acknowledging the truth of homœopathy, bind yourselves to its exclusive practice? No; by no means. In becoming (as men will call you) “homœopaths,” you have not ceased to be physicians. “Physicianus nomen, homœopathicus cognomen,” we may say after St. Augus-

tine's manner. It is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system. We have protested against the tyranny which has ostracised us because we believe this "best" ordinarily to be homœopathy; and it is not for us to be entangled again with any other yoke of bondage. We must let no one impugn our right of unfettered therapeutic choice. In allying ourselves to homœopathic institutions we manfully recognise a truth which has laid hold of us, but which is at present denied and cast out: we in no way determine how far its practical consequences shall reach. Take up this position from the first. Claim to be (as I have said in another place) priests of the one Catholic Church of Medicine, however much the prevailing majority deny your orders and invalidate your sacraments. They force you into a sectarian position; but let them not inspire you with a sectarian spirit. Assert your inheritance in all the past of medicine, and your share in all its present: maintain your liberty to avail yourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. This is the only legitimate ground to occupy, and you should make it plain that on this you stand.

But while desirous of impressing this primary truth upon you, I would remind you that you have duties as "homœopathicus," and not only as "physicianus." Duties to your patients, for they will seek your aid as such; duties to the method itself, under whose name you enlist, and whose advantages you enjoy. The correlative of liberty here, as everywhere else, is loyalty; and without such counterpoise it degenerates into mere hap-hazard and empiricism. Our special vantage-ground is our practice according to law, instead of in the "unchartered freedom" of which our old-school colleagues boast, but of which the best of them must often tire. Do not readily forsake it. At the outset think even of liberty as little as possible. Children are not the better for being free; and the same may be said of novices in the method of Hahnemann. Your wisdom at the first is to practise it as exclusively as you can. Let experience, rather than *à priori* assumption, teach you where it needs supplementing by other means. You will actually do more good to your patients on the whole, than if you began as eclectics; and you will be acquiring habits of order and precision which will stand you in good stead as you go on.

I am speaking thus, as regarding men who are about to commence practice in a new locality as avowed homœopaths. There are others, of course, who—already in harness—must erect their new building within the walls and under the cover of the old. They will begin by treating selected cases with their novel remedies, leaving unchanged the great bulk of their practice. As they learn confidence and experience, they will push their homœopathy farther on, and let their former expedients drop more and more into the background. At last the latter will have become the exception, and the former the rule of their practice, and the term “homœopathic” becomes justly applicable to their position and mode of treatment. They will then have reached the ground already occupied by those who have practised homœopathically from the beginning. But there will be this difference. They will have learnt what are the exceptions to the rule *similia similibus curentur*, and what are the auxiliaries with which it must be carried out. No man can know these so well as he who has worked out the subject for himself. Nevertheless, homœopathic practice as a whole is, regarded scientifically, a vast experiment towards the decision of the question how far likes cure all diseases without the aid of other means; and the results of that experiment, so far as it has gone, are available for the beginner. Let me briefly indicate them here.

1. First of all, you will remember that drug-giving, however important, is not the beginning and end of the physician's duty. He has to adapt to his patient all natural forces and circumstances within his control—heat and cold, light and air and water, rest and exercise, food and stimulus. He has to remove mechanical obstacles, and neutralise chemical or organic infections. You must not call the measures—surgical, regiminal, hydropathic—by which you effect these ends, “auxiliaries;” you must not imply that they lie outside the ordinary path of medicine. Do not enter upon homœopathic practice with the thought that all your knowledge and command of natural influences may henceforth be laid aside. You must be—as Hahnemann ever was—hygienists, that you may also be healers.

2. This applies to the fundamental duty of the physician, whatever be his medical creed. He must obey the rule “*tolle causam*,” when practicable, before any other;

he must remove the *lædientia* and supply the *juvantia* of nature at large. But when, now, the physician practising homœopathically comes to his own rule, "*similia similibus curentur*," he must bear in mind the limitations of it inherent in its own nature. Likes can only be treated by likes, where likes are to be found. Where your patient's trouble is one which drugs cannot simulate on the healthy body, you cannot apply your law. You will remember the instances of this which were suggested when we were on the subject. How can drugs produce anything like the disorder of sensation and function attending the passage of a calculus? How can they supply analogues to neoplasmata? Homœopathic *medicines* may do something for such conditions, as every now and then they have done; but there is no homœopathy, strictly speaking, in their administration. The homœopathic practitioner is not passing by his law, if in the one case he hushes pain or relaxes spasm, if in the other he melts down the morbid growth by a liquefacient.

3. But, over and above such qualifications and limitations, the rule *similia similibus* may have practical exceptions—exceptions found to be such from experience, not necessary, nor such as could be foreseen *à priori*; in all probability provisional only, but actual, and to be duly regarded. Are there many, or any, such? Well, my *Manual of Therapeutics* expressly contemplates such cases. It is "according to the method of Hahnemann;" and of that method it says—"There may be diseases which lie beyond its possible range; and still more likely is it that there are diseases which have not yet come within its practical range. Accordingly, our first step must be to enquire what homœopathy can do—as compared with the capabilities of old physic—in each malady that comes before us. What is the answer to such enquiry? I find only the following instances in which a candid survey of actual practice gives the preference to non-homœopathic measures:—

(a.) The use of cold baths in typhoid fever seems to give better statistics as regards recoveries than even our own treatment can boast.*

* See Dr. Bakody's report of the Pesth Hospital (*Brit. Journ. of Hom.*, xxxiv. 149.)

(b.) The recurrence in relapsing fever cannot be prevented by homœopathic remedies; but can be by anti-septics like the *hyposulphite of soda*.†

(c.) We have nothing to take the place of full doses of *iodide of potassium* in tertiary syphilis.

(d.) In peritonitis from perforation we must give full doses of opium, as in ordinary practice, if we are to have a chance of saving our patients.

(e.) In cardiac dropsy we can rarely get the good effects of *digitalis* without the induction of its primary physiological effect, so raising the arterial tension.

(f). *Nitrite of amyl* is a better palliative in the paroxysms of angina pectoris than any homœopathically-acting remedy.

(g). The use of *iodide of potassium* in aneurism seems outside the range of our method, and is yet a most valuable piece of practice, on which we cannot improve.

(h). In uræmic coma, measures for relieving the brain of the "perilous stuff" which is oppressing it—if needful, venesection itself—are of more avail than the best drug-treatment.

These eight, I say, are the only instances I can find in which, homœopathic treatment being applicable in the nature of things, it is at present so excelled as to be displaced by measures of another kind. You will see at once how few they are in proportion to the mass of ills where the balance is just the other way. You will thus be encouraged to commit yourselves freely, with such reservations, to the guidance of the homœopathic law. Let none impugn your liberty, but let all respect your loyalty: so you will witness to the method you profess, and will have the approval of your own best judgment.

III. Such is the counsel I would give you as to the general ordering of your practice. Let us now go more into detail, and see what should be your actual work at the bedside and in the consulting room.

I have spoken of the selection of the homœopathic remedy. I have shown you that its similarity should be, as far as possible, generic, specific, and individual: I have indicated the parts which generalisation and individualisation respectively should play in the process. Descending

† So Dr. Dyce Brown in *Brit. Journ. of Hom.*, xxxi. 363.

now from principles to practice, let me advise you to let generalisation predominate in your prescriptions for acute disease. That is, do not let your thoughts range down the whole *Materia Medica*, from *aconite* to *zincum* (as we used to say; now it must be from *abies* to *zizia*), in search of your *simillimum*. Fix them rather upon the group of medicines which general consent has associated with the malady before you. They were first arrived at by the rule *similia similibus*; or, if obtained *ex usu in morbis*, they have seemed warranted *à posteriori* by it. They have stood the test of long and wide experience, so that you may be sure of their answering to the species—the essence of the disease. Suit them, as among themselves, to the form and stage of the malady; but do not, without very grave cause, go beyond them in search of a closer similarity, which is too often illusory. Of course no finality is contemplated: new remedies must from time to time be introduced, and old ones extend their known range of action. Leave this, however, to men of larger experience; as beginners, you had better keep to the ground already surveyed. In the presence of pleurisy, the best thing you can do for your patient is to appropriate *aconite* and *bryonia*, *cantharis* and *apis*, *arsenicum*, *sulphur*, and *hepar sulphuris* to the inflammation and effusion. If pneumonia is before you, *aconite*, *bryonia* and *sulphur* again, with *phosphorus* and *tartar emetic*, comprise the whole ordinary therapeutics of the disease. Some five or six medicines in variola, seven or eight in scarlatina, ten in continued fever, twelve in chronic intermittents (in recent ones four will suffice), are as many as are ordinarily required for your choice; and our best comparative results have been obtained where—as with yellow fever and cholera—our remedies have been few in number and everywhere the same.

The same rule holds good even in chronic disease, where the disorder conforms to a recognised type. You will get little good, in diabetes, by deserting *phosphoric acid* and *uranium*, in rickets, by going beyond *calcareo*, *phosphoric acid* again, and *silica*. But when your patient's narrative has gone so far as to satisfy you that you have to deal with an anomalous case of no definite character, you will do well to let your mind work freely among the medicines which the symptoms suggest. Go upon the plan of exclusion. Test the remedy which first occurs to you by the next symptom mentioned. If you have chosen aright, it

will harmonise therewith : if not it will suggest another, and the symptom next following will decide between these, or supply a third candidate for your acceptance. So, step by step, you will proceed ; and when the whole case is before you, you will have obtained as the result of your elimination one, two, or three medicines, which seem well to cover the case. These you will then prescribe, in succession or alternation, as you may determine ; and, if you have proceeded carefully, you will find them the fundamental remedies for the disorder. They may be with advantage suspended for a time, or even replaced by others ; but you will be driven again and again to them, and ultimately it will be with them—if ever—that you gain the day.

In thus choosing, do not neglect to supplement your memory by reference to the *Materia Medica*, and to its indices—the repertories. Do not, indeed, be ashamed of doing so in the presence of your patients, if need so requires : they will not complain of you for taking too much pains. But especially when the day's work is over : when a new case has come before you, or an old one hangs fire,—review its symptoms. Look them up one by one in your repertory ; follow the drugs indicated to the *Materia Medica*, and weigh well what you find. Do not be hasty, or too fondly credulous : examine into the source of symptoms ere you trust them : but if you can safely do so, essay the medicines to which they point. You will thus frequently gain unexpected successes, and will be ever enriching your armamentarium. In acute and typical diseases, the fewer your remedies the better : but beyond this range, you can hardly have too many. It is here, that the mere *specificker*, the mere organopathist fails ; while the full method of Hahnemann wins victories which are a continual source of delight.

IV. And now a few words about the choice of dose. I have spoken with sufficient fulness of the general facts and principles of homœopathic posology. Short of actual experience, you are in a position to judge for yourselves what you will do in the matter. I do not wish unduly to bias you on so moot a question. It would, however, be carrying reserve too far—it would be neglecting your obvious interests, if I failed to give you some practical advice—from an experience of over twenty years—as to the doses you should commonly employ.

And here, as in the choice of the remedy, I would distinguish two categories into which your cases will fall. We have seen that the object of attenuation is two-fold—to avoid aggravation and collateral disturbances, and to develop the peculiar properties of drugs. Now in the acute, typical disorders—the fevers, inflammations, catarrhs, neuralgias, spasms—which constitute the bulk of daily practice, the first-named object need alone be sought. The medicines with which you combat them are such as are already active in their crude state: your only care need be to protect your patients from their over-activity, to see that their physiological be wholly absorbed in their therapeutical action. For this purpose but moderate attenuation suffices. If you carry in your pocket-case the first decimal of *aconite*, *baptisia*, *belladonna*, *bryonia*, *gelsemium*, *ippecacuan*, *iris*, *nux vomica*, *rhus*, and *spongia*; the first centesimal of *apis* and *tartar emetic*; the second of *arsenicum*; the third of *mercurius corrosivus*, *phosphorus*, and *veratrum album*; if you reinforce these with a few medicines of like strength to meet special contingencies—as *hamamelis* for hæmorrhage, and *camphor* for shock and collapse,—you will have a quiverful of shafts which will rarely need augmenting. By further dilution, if need be, at your patient's house you can exactly proportion the dose to age, sex, and susceptibility; and you will rarely do anything but pure good.

It is otherwise when you have to deal with chronic disorder in its almost infinite variety. Your range of medicines here is a wide one, and so also must be that of your dose. Of the drugs among which you will have to choose many are such as only develop active properties after a certain degree of attenuation: such are *sulphur*, *calcareo*, *silica*, *lycopodium*, *natrum muriaticum*, *sepia*. Certain actions, moreover, of the more potent, and even of the feebler drugs, belong to them peculiarly in infinitesimal form. I may cite *arsenic*, *phosphorus*, and *nux vomica* in the former category, *chamomilla* and *coffea* in the latter. In my *Pharmacodynamics*, when speaking of the dosage of each drug, I have noted these points; and they may well lead you, as they have led me, to associate certain potencies with certain medicines, making the two almost as inseparable as the words and tune of a song. *Sulphur* 30 is a definite remedy to me, dose and all. I know what I can do with it as I know the powers of *aconite* 1x. So I can say

of *lycopodium* 12 and *silica* 6, and of many other drugs. I require here, therefore, a wide range of dosage as regards my remedies; and still more as regards my patients. Their variations in susceptibility are great; they require change of potency from time to time as well as of medicines; the protean transformations of their maladies have to be followed up with corresponding shiftings of means. I do not know that you need go higher than Hahnemann's 30ths; but, as you have thus already got beyond the estimated divisibility of matter, you will hardly be taking a fresh step if you dip occasionally into Dunham's 200ths.

In such affections, then, while not neglecting the lowest preparations, I advise you to rely largely upon the medium and higher—to use attenuation for developing the finer actions of drugs which you desire to bring into play. In prescribing for other than acute disorders, you should always—if possible—do so from a homœopathic chemist. There are plenty such in this country—intelligent, well-informed men: they have an excellent Pharmacopœia for their guidance: you may rely upon them, and should support them. The best way of prescribing is to order a drachm or two of the tincture or trituration, directing the proper number (three is a good average one) of drops or grains to be taken at a dose. The tinctures can be thus measured by being dropped into water from the phial; for the triturations small scoops are provided, holding about three grains by weight, which will best be taken dry on the tongue. Sometimes, when quantity is no consideration, and when the convenience of busy men or the tastes of children are to be consulted, you may give the medicines in the form of pilules, or even of globules; but I confess that I am not fond of these preparations, and do not advise their preferential choice.

V. A practitioner's medicines form his chief apparatus for practice; but next come his books. What works, you may fairly ask me, should you add to your library, and what use should you make of them, to enable you to super-add a literary knowledge of homœopathy to that of medicine in general?

Well: first of all you should be well grounded in the principles of our system. You should study Hahnemann's *Organon*,—in which task I venture to think that you will be helped by reading the lecture on "Hahnemann as a Medical Philosopher," in which I have endeavoured to

expound the great work of the master; and you should follow it up by a thoughtful perusal of the posthumous volume of essays by the late Carroll Dunham, entitled *Homœopathy the Science of Therapeutics*. For an independent study and presentation of the subject, I may commend to you the *Essays on Medicine* of the venerable Dr. Sharp. If you will also read at your leisure the *Lesser Writings* of Hahnemann which Dr. Dudgeon has collected and translated for us, you will have attained a thorough and scholarly knowledge of the basis of the new method you intend to practise.

Next, you must possess, in some form or other, the *Materia Medica* of Homœopathy—the collection of the pathogenetic effects of drugs with which it works the rule, “let likes be treated by likes.” If your means allow, the best way in which you can do this is the purchase of the ten volumes of Allen’s *Encyclopædia*. You will have there every symptom which the most untiring industry could collect as resulting from the action of medicines on the healthy, though with the wheat you must take a multitude of tares growing side by side with it till the time of harvest. If a work of such cost is beyond your reach, do not take any form of Jahr’s *Manual* instead, still less the *Condensed Materia Medica* of Hering. These compilations are quite untrustworthy: they give you pathogenetic symptoms without enabling you to judge of the nature of their source, and the latter blends with them “clinical” symptoms—i.e., such as have disappeared while the drug was being taken—without note of distinction. I have reason to hope that ere long a revised *Materia Medica*, sound in material, intelligible in presentation, and within the reach of all, will be given to the homœopathic world. Until this is done, I would advise you to content yourself with such expositions of the *Materia Medica* as have been delivered by lecturers on the subject, and have found their way into print. Among these I may name Hempel’s, Dunham’s, and my own; and I hope that ere long I shall be able to add those which Dr. Pope has been delivering in this school, several of which I have heard with great satisfaction. If possible, however, procure also Hahnemann’s own *Materia Medica Pura*, which we now have in excellent rendering and shape. Its preface and notes alone make it worth possessing; and though you may not learn much *à priori* from reading its lists of detached symptoms, yet, when a repertory refers

you to them, you will have them in their original and only available form.

Of repertories themselves I have already spoken to you : it only remains that I indicate the best treatises on the homœopathic practice of physic. By some these are dis-
countenanced altogether, on the ground of the pure individualisation which is conceived as governing our therapeutics. To this I need not tell you that I cannot assent : I hold it on the other hand a great gain that the accredited homœopathic treatment of the definite types of disease should be set down for the guidance of the beginner. I have worked myself in this field also ; but far more elaborate treatises have been given us by Drs. Bähr and Kafka in Germany, and Dr. Jousset in France. The *Science of Therapeutics* of the first, and the *Clinical Lectures* of the last, are available for us in an English dress ; and we shall all welcome Dr. Dyce Brown's addition to our store, when he gives to the world the teachings on the subject which have so long been valued here. Read such books through ; consult their appropriate sections when you have to treat each form of disease ; and you will gain strength and light incalculable for your daily work.

In addition to these, take in as many homœopathic journals as you can afford, from England, from America, and from other countries with whose language you may be acquainted. Take them in, *and read them*—a consequence which does not always follow. Give those who edit and supply them the support of feeling that their work is appreciated ; and reap the utmost benefit of it for yourselves. Dwell in no isolation ; indulge in no self-sufficiency. You can only live in the life of the body to which you belong : in its growth alone can you grow. You are cut off at present from the wider fellowship of the profession at large ; but you can cultivate the corporate virtues in your narrower circle. The great hindrance to the spread of homœopathy in the old world has been the lack of *esprit de corps* among homœopaths : had it not, indeed, possessed the vitality which truth alone can give, it had perished long ago in the midst of our dissensions and divisions. I trust that you will not contribute to these, but will rather bring strength to the heart of the body—its centre of life and unity. You will do this as you think more of the essentials of the

method than of its accidents ; as you cultivate it for the good of your patients rather than for the filling of your own pockets ; as you count all difference of opinion as to means a small thing in comparison with our common end—the promotion of the good cause we have at heart. Practise homœopathy in this spirit ; and you will do your part, small or great as it may be, for the reform in medicine which one day will be seen to mark with white the nineteenth century of our era.

ACCOUNT OF A RARE CASE OF INTESTINAL OBSTRUCTION, WITH REMARKS.

By EDWARD M. MADDEN, M.B.

Surgeon for the Diseases of Women to the Birmingham Homœopathic Hospital.

THE following case, in spite of its unfortunate termination, is of so unusual a nature and of such interest, that I feel it to be my duty to write an account of it for the benefit of my colleagues.

Ellen H., age 17, was admitted into the Birmingham Homœopathic Hospital, under my care, on 7th June, 1882, with the following history :—On Whit Monday (29th May) she was holiday making with friends at Burton and was pushed down a small embankment in such a way that she fell upon her face, and struck the ground with the right side of her abdomen. She did not feel hurt at the time, and continued her games, returning home late at night. For the next two days she felt nothing amiss with her, but from the 31st she became constipated, though not in any way alarmed at it. On the Saturday (June 3rd) she went to a fair and ate largely of gingerbread, and the same night she was seized with very severe pain in the abdomen, chiefly in the epigastric region though extending right across. The next day, June 4th, she passed with much straining a small amount of dry scybalous motion, but with no relief to the pain in the belly. During the next few days she was treated by a surgeon in her neighbourhood who gave her large doses of cathartics, with the only result of increasing her pain and producing vomiting, and on her admission into the hospital she was said to vomit back all she swallowed.

Her condition on admission was that she was in nearly constant pain over the stomach and the transverse colon,

and was frequently troubled with empty retching. There was no tumour or mass of any kind to be discovered in the abdomen, or by rectal examination, her temperature was normal, pulse 76, and tongue covered with a white slimy fur, but quite moist. The abdomen was slightly swollen and tympanitic over the transverse colon, but she could bear pressure fairly well.

The treatment adopted was to apply hot poultices over the painful part of the belly, to give absolutely no food by the mouth, except now and then a tea-spoonful of iced milk and soda-water, to give nutrient enemata every three hours, consisting of about three ounces of warm gruel with maltine prepared so that the starchy portion would be converted into glucose before injection, as in this way it is more readily absorbed. She was also given *opium* 1x mj o.2. hs.

June 8th. There has been no vomiting since her admission, and the enemata were retained, but the symptom of pain and obstruction remains the same. In the afternoon she vomited about half a pint of thick greenish fluid, but with not the faintest foecal odour. The treatment was continued exactly the same, only that she was now given *nux vomica* 2 x mj in alternation with the *opium*, one to be taken every hour.

June 9th. Was in a little less pain during the early part of the morning, but at 9 a.m. vomited a pint and a half of the same green fluid with a very sour smell. At mid-day a tube was carefully passed into the rectum, so as to reach, if not to pass through, the sigmoid flexure, and between two and three pints of olive oil was carefully injected. In about an hour this returned, bringing with it a small amount of clay coloured fœces quite softened by the oil. She was in great pain immediately after the injection, and the pain remained more than before, even after the return of it. In the afternoon she was again sick, and brought up about three-quarters of a pint of the same green fluid. To-day the nutrient enemata were returned as soon as injected, so she was allowed to take iced milk and soda-water in dessert spoonfuls as often as every half hour, which was very grateful to her, as she was excessively thirsty. The coating on the tongue was to-day brownish yellow, but the tongue was quite moist. The temperature from the first had not risen above the normal, nor did it do

so during the whole course of her illness; the pulse was this evening 102.

June 10th. She has had scarcely any sleep on account of the pain. At 9 a.m. she had an injection of soap and water, as much as could be got in, though this was not more than two or three pints: this returned within half an-hour, bringing with it a little more of the putty-like fœces and a considerable quantity of the oil which had remained in since yesterday. Between 12 and 1 she again vomited a small quantity of the same kind of fluid as before, and felt constant nausea. The tongue is much cleaner to-day, especially at the tip and edges. The abdomen is still painful all over, and is tympanitic except at the flanks, where it is dull. The iced milk and soda-water and the medicines were continued the same.

June 11th. Has had a very bad night, no sleep at all. Vomited at 2 a.m. about a pint of the same fluid as before, and with hardly so offensive a smell as that of yesterday. At 10 a.m. she had another injection, though still no more than three pints could be got to enter the bowel; this returned presently, with no sign of fœces. She was again sick between 11 and 12 a.m.

The abdomen to-day is very hard and distended, and is dull all over except the transverse colon, which is tympanitic. On careful watching, peristaltic motion can be seen in the distended coils of intestine, the outlines of which are plainly visible through the tense skin. The pain, which still continues very severe at times, is not now referred specially to the epigastrium, but is more in the umbilical region. The tongue continues moist, though thickly furred. The temperature is 98, and the pulse 110.

The question of an operation was mooted to-day, but was decided against because the vomit was not stercoraceous, and she was still able to retain a little fluid nourishment, so there seemed room to hope for a favourable termination without one. The medicine, however, was changed to *ipêcac.* 1x., trit. gr. v., every hour.

June 12th. She has passed a very bad night, vomiting incessantly, and has brought up some three pints of a yellowish grumous fluid, with (for the first time) a distinctly fœcal smell. The pain continues very severe; she has an anxious haggard look in the face, with sunken eyes and hanging cheeks, and is, in fact, evidently on the verge of collapse. The tongue, however, is cleaner, though very

dry, and the temperature is still normal, but the pulse is very feeble and soft, about 180.

The medicine was discontinued, and $\frac{1}{4}$ gr. of *acetate of morphia* was injected at 10.30 a.m., and again at 12.30 a.m.

At 3 p.m. I held an anxious consultation with my colleagues as to an operation, and it was eventually decided to give her the chance which such a procedure might offer, as it was very evident that she could not live long if left alone.

Accordingly, shortly before 4 p.m., assisted by Dr. Wynne Thomas, Dr. Chas. Huxley, Mr. A. J. Rowbotham, and the house surgeon (Mr. F. W. Clifton) I opened the abdomen to search for, and if possible remove, the cause of obstruction. On opening the peritonæum, the small intestine protruded at once through the wound, and was evidently much distended and congested, but there was no sign of impaction anywhere. On introducing the finger and making a careful search among the deeper parts of the cavity, it was not long before I found, immediately under the umbilical region and close to the spine, what was evidently a thick cord tightly stretched across the mesentery: to expose and examine this, it was necessary to extend the external opening above the umbilicus, and when this was done the cord was easily found, and appeared to be a piece of small intestine, quite empty and collapsed, and very much on the stretch; on following it up, however, it was found to be a diverticulum from the small intestine, and to be (when stretched) about $4\frac{1}{2}$ or 5 inches long, the distal end of it being bound down by a firm broad fibrous adhesion to the front of the mesocœcum, and it was firmly compressing the ileum just above the ilio-cœcal valve so as completely to obstruct it. I tied two ligatures round this, one on the fibrous band, and, as there was not room for a second ligature on this band, a second about half an inch from the extremity of the diverticulum, and divided it between the two. Then, as quickly as possible, the intestines were replaced, the cavity of the abdomen sponged out, and the external wound sewn up with strong cat-gut ligature. Carbolic-acid spray, 1 in 60, was being played over the abdomen during the whole of the operation. The patient was then quickly taken to bed, and external heat applied all round her, and a little brandy poured down her throat. On recovering consciousness she was able to swallow and retain a little liquid food, and did not again

vomit after the operation, though at times a little of the same fluid as she had vomited before "worked out" of the mouth without any effort at vomiting. In spite of all we could do, she never rallied, and died the same evening at 10 p.m.

At the post mortem, which we made the following day, nothing fresh was discovered, except conclusive proof that there was no other cause of obstruction than the one which had been removed. The small intestines were full of the same yellow fluid which she had vomited, and some had found its way into the colon. The diverticulum was found to arise from the ileum, about two feet from the ilio-coecal valve, and now that it was no longer stretched it proved to be about three inches in length.

I removed that portion of the ileum to which it is attached and the cœcum with the remains of its fibrous adhesion and hope to preserve it as a dry specimen.

On looking back over the history of this case one cannot help being forcibly struck with one or two things. In the first place it is evident that no kind of treatment, other than operation, however carefully planned and skilfully carried out, could have had any chance of success; also that this, the only useful treatment, was postponed till it was too late, for the patient never rallied from the state of collapse into which she had fallen on the morning of the operation, though I do not think that the operation in any way increased this or hastened her death.

Had the operation been performed 48 or even 24 hours sooner, there is every probability that it might have saved her life, but the symptoms were altogether so obscure, and there was no evidence of the extreme urgency which would alone, with most of us, warrant such a serious operation.

It will be noticed that the vomit did not become stercoraceous until the last morning, and that so lately as 48 hours before the operation a small quantity of retained fœces was brought away by an enema. How then is it possible in such a case to decide when to operate? It does not appear to be possible to give a satisfactory answer to this, but were I myself the patient, I should most certainly desire to be operated upon as soon as the evidence of obstruction was conclusive, and that the cause of it was not proved to be such as to predetermine that an operation was useless. But here again we are met with the difficulty that the cause is so difficult to find out, so that I think

the rule should be to operate in cases of doubtful diagnosis, by which I mean, of course, diagnosis as to the cause, not the fact of obstruction. True intus-susception, enteritis and the presence of malignant tumours are the chief conditions in which an operation would be useless, and these should in most cases be discoverable. Since the time of Dr. Brinton's standard work on *Intestinal Obstruction*, abdominal surgery has taken very rapid strides, so that we now know that, with reasonable care, there is no more danger to be apprehended from an abdominal section than from an excision of the breast, indeed gynæcological specialists not unfrequently open the peritonæum for diagnostic purposes, and apparently with complete immunity from harm; so that it is not necessary to observe the extreme caution and aversion to an operation which he there inculcates.

As to the treatment which was pursued previous to the operation, I think it will not require apology or explanation to those who practise homœopathy. *Opium* was of course withheld in bulk as it was being given in dilution, and when both this and *nux vomica* failed to relieve *ipêcac.* was given chiefly on the strength of some remarkable cases reported as having been cured by it, in the same doses as were given here, in vol. 27 of the *British Journal of Homœopathy* by Dr. Imbert Goubeyre.

Concerning the cause of obstruction, it is I believe one of the rarest of the many possible causes of this terrible calamity. A diverticulum from the small intestine is not particularly rare, and appears to be a persistence of an embryonic structure in the form of the vitello-intestinal duct, and is always found in connection with the ileum, not far from its termination; but it appears to be the exception for its distal end to be attached.

Dr. John Struthers, now Professor of Anatomy in Aberdeen, published in 1854 a paper upon this abnormal condition, and gives an account and illustrations of twenty cases in which such a diverticulum had been found, in two of these the distal end was fixed, and in both cases was the cause of death from obstruction; he also relates a third similar case from the practice of Dr. Pirrie, of Aberdeen, but in all these cases the attachment was to the mesentery opposite that part of the intestine from which it arose; but in this case the attachment, evidently an old one, was at a considerable distance from its origin, and hence the

strangulation was produced in a different way: for in the cases related by Dr. Struthers, a loop of intestine had got under the diverticulum and become strangulated, whereas in this case that part of the ileum between the origin of the diverticulum and the cœcum would appear to have 'skipped,' so to speak, under the diverticulum and its attachment, so that it was obstructed by being pressed upon close to its entrance into the cœcum, between the diverticulum and the psoas muscle, and was not truly strangulated at all.

I have not been able to find an account of any case in which this condition was discovered during life, and cured by an operation, and the question how best to deal with such a condition is not even suggested in any of the books I have been able to consult. There would appear to be three ways in which it might be dealt with: first, to snip through the fibrous attachment, either with or without ligatures, and leave the diverticulum free; or, as in this case, where the fibrous attachment is very short, to apply two ligatures and divide the diverticulum between them; or, thirdly, to ligature close to the ileum, and take the diverticulum away altogether; and further consideration convinces me that the third plan, where practicable, would probably be the best thing to do, as it not only would relieve the obstruction, but would remove the risk of future trouble, either by a second adhesion forming or the production of an obstruction, or inflammation, from a fruit-stone or any other impaction getting into the diverticulum itself, such as sometimes happens in the vermiform appendix.

REVIEWS.

A Treatise on Diseases of the Eye, for the use of Students and General Practitioners. By HENRY C. ANGELL, M.D., Professor of Ophthalmology at the Boston University. Sixth edition. New York and Philadelphia: Boericke & Tafel. London: Trübner & Co. 1882.

THE volume before us first appeared in 1870. It has now reached its sixth edition, a fact which alone testifies to its value. The present edition has, we are told, been remodelled, and, to a large extent, re-written. The rapid advance made in ophthalmology would alone render this necessary, and Dr. Angell has carefully availed himself of the many researches which have been made of late years in this department of surgery. His descriptions of disease are clear, the methods of diagnosis are well given

and easily understood. The various operations, too, are carefully pointed out. But so far as drug-selection is concerned, this treatise is less full and less valuable than we should have expected from a practitioner so familiar with homœopathy as is its author. It is a surgical rather than a medical work. So far as it goes it is excellent, and we can only regret that it has not gone much further. At the same time, read and studied side by side with Dr. Norton's *Ophthalmic Therapeutics*—noticed in our May number—it will be of the greatest assistance to the practitioner, and thoroughly deserves our commendation.

NOTABILIA.

THE BRITISH HOMŒOPATHIC CONGRESS.

WE beg to remind our readers that the Annual Meeting of the British Homœopathic Congress will be held on Thursday, September 7th, at the Windsor Hotel, Edinburgh, at 10 a.m. The Congress will be opened by an Address by the President, Dr. Drury, which we are sure will be able, interesting and instructive. There will be three papers read—1. By Dr. Blackley, on “the action of diastase as exhibiting the influence of infinitesimal quantities.”—2. By Dr. Walter Wolston, on “a case of acute nephritis, presenting peculiar features of interest,” and—3. By Mr. Deane Butcher, on “the periodicity of certain diseases, and their homœopathic treatment.” The names of the authors of these papers will be reckoned a sufficient guarantee of their excellence, while the subjects present a happy combination of the scientific and the practical. Dr. Blackley's able and most elaborate researches on the subject of hay-fever ensure us a paper of no ordinary interest and importance. Should time permit after the reading of these papers Dr. Bayes will make a few remarks on the proposed L.H. diploma.

The members will dine together at six o'clock.

The selection of Edinburgh as a place of meeting ought to guarantee a large meeting. The beauty of the northern metropolis, the “modern Athens,” is so familiar to all that it would be out of place to enlarge upon it. Should there be a *rara avis* in our ranks who has never been in Edinburgh, we advise him to embrace this opportunity of seeing one of the most beautiful cities in the world, one, moreover, which is full of the richest historical associations. The Windsor Hotel, in which the Congress is to be held, is in the most central position in Edinburgh, and we hope that the members will not be lured away from the business in hand by the great attractions of this charming city.

We trust that all who are not unavoidably prevented by calls of practice, will make a point of being present, and render the meeting a success worthy of the city in which it is held.

THE AMERICAN INSTITUTE OF HOMOEOPATHY.

The Annual Meetings of this body were held at Indianapolis, June 13th to 16th inclusive. Every State in the Union was well represented.

The Rev. E. A. Bradley having invoked the Divine blessing on the proceedings, the members were welcomed to the city in which they were assembled by the Mayor, the Hon. D. W. Grubb, and by Dr. Corliss, representing the Medical Society of the State. These courtesies having been acknowledged, the President, Dr. Breyfogle, proceeded to deliver the Annual Address.

He commenced by referring to the interest taken by the public in the progress of medicine, as seen especially in the attention paid to sanitary science. On the influence exercised by public opinion he said—

“Public opinion may seem at times to deal unjustly, but in the main it is nearly correct, and medical science to-day owes more of its advancement to this cause than to all the accumulated wisdom of the medical priesthood.

“It is to a great extent due to this fact that homoeopathy occupies its present high position. An intelligent public, impressed with the fact that it was at times compelled to take medicine, determined to take as little as possible, and seemed ready and anxious to adopt a treatment which Hahnemann had proclaimed to be successful in curing disease without the necessity of hazardous measures. The people cared less for the philosophy of Hahnemann's particular method than for practical results, and believing success to be the test of merit they have continued to encourage it with liberal support and patronage, until its influence has been felt throughout the entire civilized world. Its practitioners have not been idle, but grateful for such generous encouragement, they have made every effort to perfect the new system of medicine and to prove themselves worthy.”

Having noticed the influence public opinion has had upon the old system of medicine, he said —

“It is indeed, a golden opportunity for medical truth. If we stand firmly by our principles; if we tune our instruments alike, discard mysterious platitudes, and throw wide open the door to investigation, the best of them will, one by one, be forced to enter our ranks, accepting the law of similars, and assisting us in placing the honoured name of Hahnemann where it properly belongs in the history of medicine. This is inevitable. Public opinion will not tolerate a base and transparent imitation. But, if, on the other hand, we do not stretch forth the hand of liberality while challenging the most searching investigation, if we make no kindly effort to bring them within our fold, they may one day dispute with us the rich inheritance left by Hahnemann, and perchance leave us with nothing but the name homoeopathy, while they retain the substance.”

Dr. Breyfogle then showed how great would be the advantages of harmony among medical men holding different views in therapeutics in advancing surgery and sanitary science.

Passing next to the consideration of the progress of homœopathy, he referred to the International Homœopathic Convention, held in London last year, noticing the speedy production of the transactions as an illustration of the energy and ability of the President, Dr. Hughes. In concluding this portion of his retrospect, Dr. Breyfogle said —

“The hospitality extended the visiting brethren was most cordial and lavish. Societies and individuals alike seemed vying with each other to render attentions that actually made us forget that we were in a foreign country and among strangers. There were pleasures that will live and keep fresh in our hearts while all else grows old and faded.

“In many respects the International Homœopathic Congress was a model medical meeting. Through the wonderful executive ability of its presiding officer, a brief synopsis of each paper was presented, and the discussions thereupon were led by regularly appointed debaters who had previously read the full text of the papers under consideration, thus avoiding confusion while insuring full criticism. The American Institute would do well to imitate the example—and, indeed, any medical society would find it greatly to its interest to adopt this plan—thereby saving the time usually consumed in reading lengthy papers and affording greater opportunity for thorough discussion.”

New works on homœopathy, published in America during the past year, the state of the hospitals and the colleges were reported on, and the improvement which has taken place in the standard of medical education and examination described.

The affairs of the Institute were next considered, and the institution of a bureau of education and one of pharmacy was advocated. The President also suggested that the bureau of *Materia Medica* should undertake the publication of a condensed *Materia Medica*, and concluded an Address, which was received with well-marked satisfaction, by noticing the gaps which death had made in the ranks during the year.

To give a full detail of the business done by the Institute during the four days of the session is out of our power. One or two points only can we notice.

Dr. Talbot, the Chairman of the Bureau of Organisation, Registration, and Statistics, made a most interesting report, of which the following is a summary. There are 7,000 homœopathic physicians in the United States, and 278 institutions connected with the development of homœopathy; four national societies report 1,069 members; twenty-six State societies report 1,788 members; of one hundred and three local societies sixty-six report 2,355; of thirteen clubs, seven report 97

members; of twenty-three general hospitals, eighteen report 1,268 beds; fifteen of these last year treated 6,676 patients; and the estimated value of eleven of these hospitals is \$770,500 (£154,100). Of thirty special hospitals, fifteen report 859 beds; and nine of these treated, last year, 10,617 patients, of whom about one-half were confined to their beds; and the cost of ten of these institutions was \$1,006,000 (£201,200). Of thirty-nine dispensaries, twenty-seven report, last year, 111,469 patients, and to these have been furnished 256,589 prescriptions. Twelve medical colleges have had 1,267 students, and graduated 421 physicians this year, and 5,680 since they were founded; sixteen journals have published, this year, 9,748 pages.

A very important and interesting discussion on vaccination culminated in the adoption of a resolution proposed by Dr. Talbot, urging the intervention of the Government to protect the profession and community against the propagation or sale of impure virus.

From the report of the committee on legislation, it appears that the Surgeon-General of the Navy has consented to the admission of homœopathic practitioners as surgeons in the navy; while the corresponding army official has refused to engage the services of homœopaths.

The report of the delegation to the International Homœopathic Convention was presented by Dr. B. W. James, who among other pleasant things said, "that an American homœopathist could never imagine the hearty hospitality of his English brethren until he had actually experienced it." [We hope that many will, after this, endeavour to make "a proving" of it.—*J'd. M. H. R.*]

The subject of triturations was discussed at much length, and the impurities noted were, we regret to say, both frequent and startling.

At the banquet we are gratified to find among the toasts "Our Friends in Old England," proposed by Dr. J. P. Dake.

Niagara was selected as the place of the next meeting. We do not observe, however, that any date was fixed. Is it not possible that, were the meeting to take place about the 15th of August, some of our colleagues might be induced to make a trip to Niagara, their autumn holiday? Eleven days, and probably less, would suffice to accomplish the voyage from Liverpool. What could be more refreshing, what more delightful, than after a sail to New York, to go up the Hudson river to Albany, and then by rail to Niagara, returning through Lake Ontario and down the St. Lawrence, through the thousand islands to Montreal, and then through Lake Champlain and Lake George to New York.

Dr. B. W. James of Philadelphia, was elected President. and Dr. O. S. Runnels of Indianapolis, Vice-President.

TESTIMONIAL TO DR. HARPER.

On the 30th June a most gratifying presentation was made to Dr. Harper, late of Windsor (who has recently succeeded Mr. Cameron in his practice at Hertford Street) by those who have been his patients during the last twenty-five years. A report of the proceedings is in type, and will be published next month. We regret that the unexpected length of some articles preclude its appearance in our present number.

LEGACY TO THE LONDON HOMŒOPATHIC HOSPITAL.

It gives us much pleasure to state that by the will of Miss Margaret Trotter, late of 9A, Upper Brook Street, Grosvenor Square, and of the Château la Rocheville, Pecq, near Versailles, which was proved on the 9th of June, this institution becomes entitled to £3,500 Midland Railway Stock, which, at the price of the day, is equal to about £4,700.

BRITISH HOMŒOPATHIC SOCIETY.

At the annual assembly of this Society, held on the 29th June, Dr. DRURY was elected President, and Drs. BLACKLEY (Manchester) and CARFRAE, Vice-Presidents. Dr. BLACK was unanimously appointed Treasurer, *vice* Dr. HAMILTON resigned, and Dr. HUGHES was re-elected Secretary.

CORRESPONDENCE.

DR. KER ON THE PROPAGATION OF HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Dr. Ker's letter in the last number of the *British Journal of Homœopathy* seems to require earlier notice than it could have in the next number of the journal in which it appeared, so I trust you will allow me space for a few words thereanent in your August number.

Of Dr. Ker's sincere desire to promote a knowledge of homœopathy, no one can entertain a doubt; that he is thoroughly convinced that this will be most rapidly brought about by the means he suggests, and that these means are feasible, I am sure that he is equally confident. At the same time I am fully as certain that he is in error, and that if it were possible to exclude the word homœopathy and its derivatives from medical parlance, the probability is that homœopathy itself would suffer extinction.

Dr. Drysdale may be right in supposing that the *ultimate* adoption of homœopathic truths by the profession will be coincident with the extinction of the name, and that this will constitute its final triumph, and yet Dr. Ker's proposals be quite mistimed, to say the least of them. I do not myself believe that the word homœopathy will ever die out. That some of its derivatives will be possible enough, when the time of its

ultimate adoption arrives. Possibly the word Christian will die out when the millennium arrives, when, that is, all men are Christians, but not before.

Our business at present is to achieve the ultimate adoption of homœopathic truths. To imagine that we have arrived at that point in medical history is very unwise. We have not done anything of the kind. We have made considerable advances towards it of late years, it is true, and it has been by keeping homœopathy as such constantly to the fore that these advances have been made.

Dr. Ker seems to think that a reconciliation between the dominant section of the profession and ourselves could be brought about by "a surrender of the word *homœopathy* and all its derivatives—a surrender of the name and not of the thing." But who has made such a proposal, and who has authority to make such an one? The nearest approach to anything of the kind was Dr. Wilks' resolution at the College of Physicians some six or seven months ago.

Now, the wording of this resolution gave no promise "that all the rights and privileges, the honours and distinctions at its [the general body of medicine] disposal will be open to the deserving amongst us," or that "clubs, societies, journals, hospitals, and professional offices, libraries, &c., from which we are at present effectually excluded, will be thrown open to us," if we ceased to designate our method of selecting drugs as homœopathy! Nothing of the kind!

But supposing that it did so, the discussion it elicited proved conclusively that no result of this sort would follow our submission. And, again, in its comments upon the meeting the *Lancet* repudiated such a concession entirely, as it has done over and over again.

The "consummation" pictured by Dr. Ker in the extracts I have made from his letter is certainly one "devoutly to be wished," and, moreover, it is one certain to be arrived at, but not yet. We have a great deal of hard work of the propaganda, the missionary, order to do before that time arrives. We must, in short, convince the whole body of the profession that homœopathy is true. Can we do this by never alluding to such a thing as homœopathy? By so doing, we shall but strengthen those who differ from us in their differences; we shall but make them doubt our sincerity; we shall but lead them to feel that there can be nothing in homœopathy after all that is worth contending for.

"What we desire and pray for is," writes Dr. Ker, "the conversion of medicine to belief in the homœopathic law. Half a century's endeavours to this end have signally failed to effect this." If they have so failed, it has been because they have not been pressed forward as earnestly and enthusiastically as they ~~should~~ have been; because they have been hampered by too

great a regard for the feelings and interests of opponents, who have shown none for our feelings and interests, because they have been too much sacrificed to the dictates of professional etiquette.

In the United States, where homœopathy has been pressed forward regardless of all interests, except the interests of homœopathy, more than one-third of the practitioners of medicine are homœopaths. This is a pretty good stride to have made towards the conversion of medicine in half a century.

Dr. Ker's new method of proselytism is, then, I regret to be obliged to conclude, impracticable, and, indeed, impossible. Not a journal, not a club, not a society, not a hospital will give us a chance of trying it. We must still, for a time, be content to be as missionaries in a heathen land, and must redouble our energies and diminish our scruples in making homœopathy more widely known, and its influence more generally felt.

I am, Gentlemen, Yours faithfully,

London, July 6, 1882.

J. SMITH, M.D.

“WICKED HOMŒOPATHIC ENGINEERING.”

To the Editors of the “Monthly Homœopathic Review.”

GENTLEMEN,—Permit me to reply to a note on page 488, of your issue of July, 1882, from the pen of Dr. F. Black.

Dr. Black is quite right in the fact that, in a pamphlet of mine called *Two Sides to a Question*, published in the year 1860, I wrote, “Observe, I object to the title of homœopath. Its assumption savours of sectarianism. I object to any other title than that of physician, or at most, of physician practising homœopathy.”

I need scarcely remind Dr. F. Black, that in 1860 I had been a homœopath for a little over *three years*, and had scarcely fairly come out of the Egyptian darkness of the old school. *Twenty-two years'* further experience, have made me cling more firmly to the revered teaching of Hahnemann, and I now glory in the name of homœopath, as it is our right and a duty to do.

Like all young converts, I was then but half a homœopath, now that I have added *twenty-two years'* further experience in the course of my practice of the blessings of homœopathy, which are indeed inestimable, I should esteem myself beneath contempt did I not uphold my testimony to the grand beneficence of the homœopathic law, and did I not glory in proclaiming what I believe to be the greatest discovery in medical therapeutics. I would that all who have benefited by homœopathy would equally acknowledge this great law of drug healing, instead of openly despising the name and thus lowering the flag.

Yours very truly,

WILLIAM BAYES, M.D.

Brighton, 17th July, 1882.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As you have kindly shown me Dr. Bayes' letter in M.S., I wish to remind him that the sentence he quotes, though originally published in 1860, was brought by him specially to my knowledge in 1866, that is *ten* years after he had been practising homœopathically. The moral of my tale was, Dr. Bayes having held such views for ten years ought, in charity, not to have made the "zigzag" charges.

FRANCIS BLACK.

SPURIOUS IRIS VERSICOLOR.

To the Editors of the "Monthly Homœopathic Review."

DEAR SIRS,—We are accustomed to meet with such substitutions of species of medicinal plants as those of *Spigelia marylandica* for *S. Anthelmia*, and *Enanthe crocata*, and other umbellates, for *Cicuta virosa*, but recently a serious mistake has been made by some of our pharmacists with regard to *Iris versicolor*.

Doubtless from a want of knowledge of the various species, and encouraged by the demand for cheap medicines, instead of importing the tincture from North America, the root of some cultivated species (probably *Iris germanica*) has been employed in making it, and the results of its action are likely to be very disappointing, if not dangerous.

The spurious tincture has a deep brown instead of a straw-yellow colour; a violaceous odour resembling orris root (*Iris florentina*), and is not disagreeable to the taste. It is very different in these qualities from the genuine tincture, which has a nauseous odour and taste.

Yours faithfully, E. GOULD & SON.

59, Moorgate St., E.C., July 19th, 1882.

NOTICES TO CORRESPONDENTS.

* * * *We cannot undertake to return rejected manuscripts.*

INVALIDS GOING TO AUSTRALIA.—One of our colleagues, who is sailing in a first-class ship to Sydney and Melbourne in September, will be happy to take charge of invalids, without any fee. We shall be happy to receive any applications.

Dr. C. T. NEATBY requests us to state that he has settled at Ventnor.

Communications, &c., have been received from Dr. BLACK (London); Dr. HUGHES and Dr. BAYES (Brighton); Dr. GIBBS BLAKE and Dr. E. M. MADDEN (Birmingham); Dr. MAFFEY (Bradford).

BOOKS RECEIVED.

The British Journal of Homœopathy; The Homœopathic World; The Chemist and Druggist; The Students' Journal; The Indian Homœopathic Review; The Calcutta Medical Journal; The New York Medical Times; The New England Gazette; The Hahnemannian Monthly; The Clinical Review. St. Louis; The Medical Counsellor; Bibliothèque Homœopathique; Allgemeine Hom. Zeitung; Rivista Omiopatica.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPP, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE APPROACHING CONGRESS.

THIRTY years have passed away since the last Congress of medical men practising homœopathy was held in Edinburgh. Of those who were present on that occasion, more than half have departed from amongst us. Of these the most conspicuous is the distinguished physician who occupied the chair—the late Professor HENDERSON—a man of profound learning, skilful in the exercise of his art beyond the large majority of his contemporaries, thoroughly convinced of the truth of homœopathy, unswerving in his defence of the therapeutic doctrine he had tested with care and diligence and practised with success—one who has left behind him an example of constancy and fidelity to truth which can never be too frequently reflected upon. The paper he read before the Congress on that occasion on pneumonia is a model of therapeutic research. The extreme caution it displays in dealing with that most difficult subject of medical enquiry—therapeutic statistics—the obvious justice of the inferences he drew from the results of his many-sided examinations of the questions before him, this essay had an influence on the subsequent progress of homœopathy which few other essays have had.

On taking the chair and opening the business of the meeting, Professor HENDERSON addressed the members.

present in a few well-chosen words, words which express so fully and so thoroughly the advantages which such a meeting offers to all who are willing to take the trouble of attending it, that we cannot do better than recall them here.

After welcoming his professional brethren to Edinburgh, Dr. HENDERSON went on to say :—

“The institution of scientific associations for the purpose of meeting periodically at different places may be regarded as peculiar to this busy, enterprising age, and the purposes they serve are both important and manifold. If they do not actually plant the lamp of science where its light had been previously unknown, they at least refresh it with oil and make it burn brighter in the places they visit. They awaken a public interest—a popular interest—in the progress of useful knowledge more than local, stationary, and more familiar societies usually do, and by bringing together labourers from different parts of the field of science and from different countries, they quicken the interchange of new truths, and enliven their devotion to their favourite studies by affording them opportunities of intercourse with persons of kindred tastes. These advantages are common to all such associations, but our advantage is peculiar to ourselves in the existing circumstances of our profession, and, indeed, of medical science itself. I have no intention either to deprecate the hostility of those who treat us with bitterness and misrepresentation, or of entering into any detail on the subject. I advert merely to that speciality in our own condition which makes meetings like this peculiarly pleasant and profitable. Scattered as we are, each in our own place, singly or in small companies, over the three kingdoms, exposed everywhere to the treatment I have referred to, it is exceedingly encouraging and delightful to behold, as on this occasion, so many who maintain the same just principles—so many whose names are familiar to us as the defenders of those great truths which we all know from experience to be by far the most important in the whole range of medicine. ‘As iron sharpeneth iron, so does the

countenance of a man that of his friend,' is a proverb the truth of which must be felt by all of us on an occasion like this. I feel satisfied that, when this Congress is dispersed, each will return to the sphere of his arduous and responsible avocations with a zeal and a resolution strengthened by the opportunity he has had of personal intercourse with so many that hold the same great principles in medicine and have the same experience as himself."

We trust that any who may have entertained doubts as to whether they will go to Edinburgh next Thursday, and some of those who have already decided that they cannot conveniently do so, will, on reading Dr. HENDERSON'S brief address, feel that it will be so good for them to be present that they will at once prepare to go, and determine that nothing shall prevent their doing so.

The opening address was delivered by Dr. DRYSDALE—then as now one of the foremost amongst the scientific workers in the field of homœopathic medicine. The so-called "high-potencies" of JENICHEN were then a novelty, and Dr. DRYSDALE explained the fact of their having been successfully used, by showing that these "dilutions were really not higher than those originally in use, or were even, in many cases, quite low." Since that time, the "high-potency" mania has been carried into far loftier regions; and, curiously enough, with somewhat similar results; for Dr. BURDICK, of New York, has shown that the "high-potencies" of Dr. SWAN—which run into millionths—rarely reach, in fact, beyond the tenth, and are liable to be much lower.

Dr. DRYSDALE also noticed another novelty which had recently been interesting and agitating the minds of homœopathic practitioners for a brief space—the magnetoscope of Mr. RUTTER, of Brighton—an instrument designed to afford a physical demonstration of the presence of infini-

tesimal particles of matter. To-day, we have the parallel of the magnetoscope in the neuranalysis of Professor JAEGER! This, as has been shown recently in our *Review* by Dr. PERCY WILDE, has as little claim to our confidence in proving the presence of matter in infinitesimal proportions as had Mr. RUTTER's magnetoscope. The very natural desire which must ever be present amongst us to be able to demonstrate physically the presence of that of which we have, in the meantime, only physiological and clinical evidence, will probably ever and anon lead to the supposed discovery of some means for gratifying it. The history of these two efforts should, however, render us both sceptical and cautious in approaching the investigation of any proposal having a similar end in view.

For nearly the first time, we believe, in any public assembly of homœopathic practitioners, the question of so-called "auxiliaries" was broached in Dr. DRYSDALE's paper, and well discussed afterwards. This is a subject which has been thoroughly sifted since, and the practical advantages of palliatives in a few conditions are now contested by none save those who are prepared to sacrifice everything to the maintenance, whether in season or out of season, of a theory.

The dose was, of course, a subject of debate, and was introduced by Dr. DRYSDALE, and again, in a special paper upon it, read by the late Dr. PHILLIPS. Much as has been the light since thrown by experience on this important question, we doubt if we are any nearer to a real principle of what we may term "dose-selection" than we were then. And when we consider the many and varied circumstances which must influence the choice of the most suitable dose, this is not to be wondered at. We certainly know much more, surely, than we did then, that, when we keep outside the physiological dose, we are in a path of safety. That

the amount prescribed is then sufficient for curative purposes, and one not likely to excite aggravations.

Referring to the character of the opposition to homœopathy which was prevalent at that time, Dr. DRYSDALE described it in terms which would equally well apply to the bulk of that which is written against our therapeutic method to-day. Speaking of our opponents, he said: "From a few passages gleaned from the *Organon*, they dress up a phantom which they style homœopathy, and when they find that our practice is something very different indeed from that, they charge us with fraud, and with practising under false pretences." So it has ever been, so is it still! "Homœopathy is extinct." "Nothing remains but the name." "Those who profess to practise homœopathy do so merely in appearance." With these and similar false platitudes, the medical Press of to-day hugs the delusion that they have ousted homœopathy altogether; and that no investigation of the subject is incumbent upon them!

Such were the chief questions of interest thirty years ago. Briefly will we now refer to those which will be raised on Thursday next.

Of the subject of the PRESIDENT'S address, we can, of course, say nothing, but that it will be interesting and suggestive we have no doubt. A President's address does not, however, afford matter for discussion during the meeting, and therefore our ignorance regarding the subject with which it will deal is a matter of less importance.

Dr. BLACKLEY, of Manchester, will, in his paper on "The action of *diastase*, as exhibiting the influence of infinitesimal quantities," illustrate a subject which has of late attracted a large amount of attention, viz., the physical demonstration of infinitesimal particles of matter. Clinical evidence of the power of infinitesimal doses of medicine to

modify the health of the body, we have in abundance ; and to the practitioner such evidence is all-sufficient ; but at the same time we must not underrate the fact that physical evidence of the presence of matter is very welcome to the cautious observer, and greatly strengthens our position as therapists. We therefore anticipate in Dr. BLACKLEY'S essay, not only an interesting and useful subject for discussion, but a contribution of considerable importance to the advancement of homœopathy.

Dr. WOLSTON, of Edinburgh, will, in his clinical illustration of acute nephritis, provide a text for a discussion of a thoroughly practical and very important character. We cannot refer to this subject without recalling to memory the very striking and thoroughly recorded cases of the same disease by the President of the last Homœopathic Congress held in Edinburgh. They appear in the *British Journal of Homœopathy*, and are models of what clinical observation and research should be.

On re-assembling after luncheon, the HAHNEMANN SOCIETY'S report will be presented. This, we are glad to know, will show a greater degree of life and activity, and a nearer approach to the accomplishment of a substantial instalment of useful work, than any report that has been issued for some time has done. After this has been read, Dr. HUGHES will introduce the subject of the revision of the *Materia Medica*, in order to elicit the opinions of the members as to the most efficient method of carrying it out.

This report having been discussed, the officers for the next year will be elected, and the place of the next meeting be decided on. We hope that in making the next fixture, historical associations will be less considered than the convenience of the majority, and that beauty of situation may yield to the more prosaic but practical claim of accessibility by rail ! Edinburgh is, we fear, sufficiently distant

from the majority of homœopathic practitioners to render a large meeting dubious, and we trust that next year those, whose time and opportunities for moving about are limited,—that is to say the majority—may have an opportunity of taking part in the deliberations of Congress.

Executive business being concluded, Mr. DEANE BUTCHER, of Windsor, will read a paper on “The Periodicity of Certain Diseases, and their Homœopathic Treatment.” In bringing this subject before the Congress, Mr. BUTCHER is performing a very useful service. The periodicity of disease is a more or less generally acknowledged fact, and has indeed been made the basis of a system of medicine. We allude to Dr. DICKSON’s chrono-thermal system. It is also a fact, with which we have to reckon in forming a prognosis, and likewise in prescribing, and that not medicine only, but such general rules as it may be necessary to direct a patient to follow. The subject is one, therefore, which is full of interest and of much practical importance, and one which Mr. BUTCHER is well qualified to handle with advantage.

Should the time have allowed, Dr. BAYES had intended to make a few remarks on the diploma, which last winter the London School of Homœopathy proposed to confer upon such of its students as passed an examination in homœopathy, but we understand that he has since determined not to do so.

Additional interest will, we are happy to be able to state, be given to this Congress by the presence of several American colleagues, who are now in England or on the Continent. Among them are Dr. LUDLAM, and Dr. VILAS, of Chicago, and Dr. BRANSTRUP, of Vincennes, Indiana. We are sure that they will receive a warm welcome, and add greatly to the pleasure all may expect to derive from a trip to modern Athens on the 7th of this month.

While the distance most will have to travel in order to attend the meeting renders some misgivings as to the strength of the force that will be present inevitable, we nevertheless have reason to believe that homœopathy will be well represented, and that all who will make the small sacrifices necessary to be at the Congress, will be well rewarded for having done so.

THE BRITISH MEDICAL ASSOCIATION.

THIS Association has, during the past month, been engaged in celebrating its Jubilee at Worcester.

The opening address of the President, Dr. STRANGE, of Worcester, formed a very interesting review of medicine during the lifetime of the Association. That of Dr. WADE, who delivered "The Address in Medicine," bore on somewhat similar topics, but was perhaps more exclusively therapeutic in its character. Most striking was the picture drawn of the position of blood-letting, as a remedy in 1832, and the slight regard in which it is held now. To the late Dr. MARSHALL HALL is attributed the credit of having been the first to endeavour to dethrone the lancet from the high place it had during many years held in the repertory of the physician. MARSHALL HALL wrote on the subject for the first time in 1820. Many years, however, before that date HAHNEMANN had denounced blood-letting, as not only useless, but injurious, and he in his turn had been denounced as a quack and an impostor for so doing. But he had done more than point out the fallacy of the popular remedy of the time—he had supplied its place. In describing *Aconite* as all efficient in inflammatory fever, he had performed a service to medicine which is being felt all the world over at this hour. In his criticism of the therapeutics of fifty years ago, Dr. WADE abundantly justified all the hard words in which it was described at the time by HAHNEMANN.

During the last few weeks we have repeatedly heard that the Jubilee of the Association would be celebrated by the

display of a determined front to homœopathy, and that the views announced at Ryde by Dr. BRISTOWE and Mr. HUTCHINSON would be met with a very practical repudiation at the hands of the members! What happened? The report of the Council stated that the question of homœopathy had occupied much of the time and thought of its Committee. They have, as far as possible, rendered it impossible for a professing homœopath to enter the Association. "Against perversion to homœopathy," the Committee of Council add, "they are powerless at present except by expulsion of the offender, and this under present circumstances they consider unadvisable," as being beneath the dignity of a liberal profession, and secondly, as giving needless notoriety to the offender. Common sense of this kind was most repulsive to Mr. NELSON HARDY, of London, and a perfervid Irishman from Liverpool, one Dr. FITZ PATRICK. These gentlemen moved an amendment urging the expulsion of every one who acknowledged that homœopathy was true. Mr. HUSBAND, of Bournemouth, who described himself as strongly opposed to homœopathy, both theoretically and practically—and who might truthfully have added that he was both theoretically and practically ignorant of it—opposed the amendment, and in doing so he was supported by the whole of a large meeting save some fourteen members!

Not a word was mooted against consultation or any sort of professional association with homœopathists. All that the Association could in 1882 bring itself to enact was that they would not admit a homœopath if they knew it! The difference between the course pursued on this question in 1852 and 1882 is indeed great! The progress the Association has made in thirty years is not inconsiderable, and such as it is we congratulate its members upon their having made it, and trust that in another thirty years they will have gone a good deal further in the same enlightened direction.

The following comments on the address of the President, which we reprint from a Glasgow newspaper—*The Evening Citizen*, of the 11th ult.—are both interesting and *à propos*.

Dr. STRANGE explained the very wide basis on which the British Medical Association was founded. The liberality of its constitution may be said to have been the leading theme on which he descanted. To quote his own words—"The first and noblest of its characteristics at the present time was liberty—freedom of thought, speech, writing, and teaching." There was here neither

dubiety of language nor limitation of scope. It may be, however, that Dr. STRANGE was giving forth his own views rather than the views of the Association. At all events, the proceedings which immediately followed supplied rather an awkward commentary on the declarations of its President. The report of the Council for the past year was read. It was a satisfactory document; but Mr. NELSON HARDY, of Dulwich, in moving its adoption, added a "rider" to the effect that the practice of homœopathy should render a member no longer eligible. Over this proposition an exciting wrangle took place. In its final form Mr. HARDY's amendment asked that the adoption, by any member of the Association, of the practice of homœopathy, or of any other designation implying a special form of practice, should *ipso facto* exclude him from membership. The Council, however, had obtained a legal opinion that although they might prevent any person from becoming a member, they had no power to expel him after he had been regularly admitted. Ultimately the report was adopted *simpliciter* by a large majority, only fourteen hands being held up for the amendment. Nevertheless, the feeling against homœopathy was strongly demonstrated, though the amendment was rejected on technical grounds, and against this display of hostility we have, of course, nothing to say. Some eminent physicians have, it is true, become converts to homœopathy, and it is also true that many a shrewd man has, like the late Lord BEACONSFIELD, selected a homœopathist for his physician. But the merits or demerits of the system of HAHNE-MANN we are not qualified to discuss; nor are these now in controversy. We know that the professional world is, as a rule, dead against the system, and that it condemns both its theories and its statistics of cure as fallacious. Yet from the British Medical Association, if the fundamental principle of that body was rightly interpreted by its President, we should have expected for homœopathy, with its respectable antecedents, a somewhat larger tolerance. The stormy movement for excluding the homœopathists from its membership, instead of meeting their contentions with such fair argument as might have induced their return to the allopathic method, can hardly, at all events, be considered as justifying the claim put forward on its behalf by Dr. STRANGE as having "freedom of thought, speech, writing, and teaching" as "the first and noblest of its characteristics." Nay, the Doctor went still further in his vindication of the catholicity of the British Medical Association, for he added, with enthusiasm—"They had no thirty-nine articles to subscribe. There was no theory they might not promulgate, and there was no practice, short of manslaughter, which they might not adopt." These were brave words, but straightway started up Mr. HARDY with his "rider," condemnatory of the practice of homœopathy, and

proposing to ostracise its professors! Here, then, was a large pretension of liberty, followed by a sudden attempt to forge the meanest of fetters. Well, doctors differ, and each is entitled to his opinion; but in this case either Mr. HARDY was wrong in the character and intensity of his anti-homœopathic attitude, or Dr. STRANGE's exposition of the free and comprehensive principles of the Association over which he is presiding was a concoction of error and bounce calculated only to mislead. At the same time, we are disposed to think that those who would resort to expulsion as a punishment of difference in theory or practice may not, after all, be the true representatives of the spirit of the Association, for an admirable address by Dr W. F. WADE, of Birmingham, and other addresses which followed, were little else than records of changes in medical practice, such as the almost total disuse of blood-letting as a curative process, and of the enlightened readiness of the profession generally to discuss, without either bitterness or "boycotting," new ideas and discoveries in therapeutics, whether they adopt them or not.

CASES OF PERICARDITIS, WITH EFFUSION.

By J. HAMILTON MACKECHNIE, M.D.,

Physician to the London Homœopathic Hospital.

IN manuals treating of this disease by similars, certain drugs are very generally recognised as available. My object is to suggest the trial of a new one, or rather of a modification of an old one. As I base my remarks upon certain cases of greater or less importance, I think it well to record my cases first, and draw any inferences from them afterwards.

On the 17th February, I found on my return home from my afternoon round a telegram and a message from a patient, urging me to go to a suburb to see the daughter of a friend of his who was at school there and exceedingly ill.

I went as early as might be, and found my patient at a boarding school, where she had been placed in hospital, that is to say, in the upper part of the stabling belonging to the establishment, which was used for such cases as might turn out to be infectious.

The child, æt. 9, had been attacked five days before with pain in the chest and difficulty of breathing. I could not make out whether there had been any premonitory febrile chills—certainly there had been no symptoms of acute rheumatism, there was no swelling of the joints; there had

been some slight aching of the shoulders, but no tenderness or swelling, and no excessive perspirations.

Unfortunately I had left my thermometer behind in town, but there could be no doubt that the temperature was very high.

I found the child in a state of profound anxiety, principally from the dyspnoea, and she did not remain in one position two minutes consecutively, but lifted herself and flung herself down with a gesture of the intensest distress.

I was told the medical man who had been attending had diagnosed pericarditis, and that he had given the case up as hopeless at mid-day.

Upon turning down the bed-clothes, I found the cardiac region enveloped in a large linseed poultice, underneath which were the marks of vigorous counter-irritation in the shape of a weeping red patch of about two inches diameter, instituted, I afterwards heard, by the repeated use of *liquor epispastica*.

There was undulatory impulse of the heart; I believe there was bulging of the intercostal spaces, but I have not recorded it. The cardiac dulness extended to the right of the sternum, to the left beyond the angle of the rib, and to the second interspace above.

The heart sounds were feeble, and sounded distant, but I could detect no roughening nor any friction, and the apex-beat could not be felt—only heard.

There were large moist crepitant râles over the upper part of the chest, both sides, and a good deal of cough with scanty, difficult, and tenacious sputa. The dulness did not extend to the lower part of the chest except in the cardiac region.

I could but confirm the diagnosis of the medical man who had been in charge, but said I should not give the case up as hopeless, though unquestionably I thought it a very grave one.

In addition to these symptoms, I found there was very frequent diarrhoea, of watery dark-coloured stools, which had been occurring for two days, and which the patient had much difficulty in controlling—in fact, could not always control. I found that she never micturated without stool passing at the same time, and as there was no bed-pan, not even of the most antiquated cruelty of form, the patient had either to be raised from the bed, or

what had happened must occur. I was urgent, therefore, that a good slipper-pan should be immediately obtained.

Pulse was 110, respirations 48. Skin was neither dry nor very wet.

Taking the copious effusion, the consequent anxiety and restlessness, the difficult, hurried breathing, the diarrhœa, and the great prostration evident, I had no doubt about the appropriateness of *arsenicum* in the case, and I ordered her 1-200th of a grain of the *iodide* dissolved in water, every two hours, while some *spigelia* was to be obtained and given, when it came, alternately.

Feeling decidedly anxious about the case, I visited it the next forenoon, and received a report that the child was "much the same," which I found was literally true, and yet that there were indications rather favourable than otherwise. The night, though restless, had been quieter towards morning; the breathing, though difficult, had been more level than previously; the diarrhœa, though continuing, had been less; the food had been taken as well as before. I noticed that the countenance was more placid in expression, and the tossing about was less hopeless in gesture, but the respirations were 50, which might have been caused by the entrance of a stranger.

The temperature was 104.2. I could not detect any change in the state of the heart or bronchia on auscultation.

I could only say that I thought there might be some improvement, that the temperature was certainly alarming, but still, if there were any change it did not appear to be for the worse. I left a thermometer to be applied at 7 p.m., and kept in the axilla for ten minutes.

The next day (19th) I found very smiling faces all around, and I was welcomed with the news that the child was much better. She had passed a very good night, having slept nearly throughout. The child's expression bore this out. On asking for the thermometer, I found the index at 97.2°! Of course, I thought the instrument had been ill applied, or allowed to slip, and introduced it very carefully myself; it registered 97°! To make sure, I re-introduced it for another three minutes, but found it unaltered. The desired fall of temperature had come. There was manifest difference in the area of dulness, and the sounds were plainer. Respirations 32.

Bowels much quieter, but not yet right. Cough still troublesome. Moist rhonchi, principally about the upper part of left lung. No special perspirations had occurred; no pains in joints.

I may say here that I heard that the medical man of whom I spoke before had met the nurse and enquired after this case, and on nurse's expressing some hopes of the child's recovery, had replied emphatically, "Never, never!"

On Sunday 20th, had passed a less quiet night, and was cross and fretful, a very different moral state, however, to that of two days ago. Temperature 97. Respirations 36. Effusion diminishing.

The mother was very anxious to get home, as they were very uncomfortable in their present domicile, and wanted my permission to return with the child to-morrow.

I prescribed some *arum macul.* for a troublesome, irritative, tickling cough, which shakes and bothers the child very much. Continue the *arsen. iod.*

20th. Improving still. Passed a formed stool. Taking food well—solid and liquid. Wants to sit up, though manifestly very weak. The area of dulness diminishing. Cough better. Has not had a very good night. Temperature normal.

On the 21st I again went down, but found the child sitting up in bed nearly well. Could not say that the heart was at all displaced. No bruit. Sleeps well. Bowels regular.

Under these circumstances, I thought it quite permissible to allow her to be brought home the following day, which was done.

I visited her in town the following evening, to make sure that nothing wrong had occurred. She went on perfectly well. I have not seen her lately, though I heard the other day that she was losing her hair very much.

CASE II.

Is one of endo and peri-carditis, which occurred in the wards of the London Homœopathic Hospital under my care. J. P., a maid servant, aged 24, was admitted November 11th, 1880, having been sent up from among the out-patients by Dr. Buck, complaining of fever pains in joints, perspirations, &c.

About seven years ago was laid up for a fortnight with what she believes was rheumatic fever. Has noticed since

that time that her breath has been short under very little exertion. Present attack began five days ago, with shivering and pain in the limbs and chest. On admission, temperature 102, pulse 110, respirations frequent, lips rather livid, and face flabby. Complains of pains in legs, knees, ankles, shoulders; knees and ankles being swollen and tender. Has had a good deal of pain in the præcordia, but it is now easier. The apex-beat is diffuse. Distinct murmur at the apex, with both sounds. A murmur heard at both aortic and at pulmonary areas, with systole.

Tongue coated; appetite bad; bowels act about every other day; urine scanty, loaded with lithates; perspiring rather profusely. An urticarious rash about the body, which changes its locality very frequently.

Bryonia 1 x was given every two hours, to be alternated with *aconite* during the night, if needful. In the evening, the temperature went up to 103.

November 12th. Temperature, morning, 101·2. Pulse 108. No pain except in the right shoulder. No swelling of any of the joints. Perspired copiously during the night. Urticaria much fainter. Coughing a little. Respiration laboured. Continue medicine.

Evening temperature, 103·8.

November 13th. Morning temperature, 101·2. Pulse 96. Right shoulder and elbow painful. Tongue cleaner. Heart's action seems rather stronger: murmurs very distinct. Still perspiring very much. Evening temperature, 102·4. Continue.

November 14th. Morning temperature, 100·4; decidedly better. Evening temperature, 102·8.

November 15th. Morning temperature, 100·4. Pulse 96. Left hand and wrist swollen and painful; not much cough. Area of cardiac dulness increased. Evening temperature, 103·6.

November 16th. Morning temperature, 101·4. Pulse 96. Respirations 36. Slept at intervals through the night. Complaining much of the pain in the left side, and in the right hand and wrist. Sweating profusely; feels very weak; cough more troublesome and frequent; no expectoration. Bronchial râles heard over most of the chest. Dulness of cardiac area increasing. Bowels acted naturally. *Phosphoric acid* 1 x, 4tâ horis.

Later on in the day—prostration and dyspnoea both increasing. *Digitalis* was substituted for the *phosphoric*

acid, while brandy was given every two hours in teaspoonful doses, and beef-tea as liberally as the patient could take it. Linseed poultices over cardiac region. Evening temperature, 102.

November 17th. Morning temperature, 101. Pulse 96. Respirations, 24. The area of heart's dulness extending upwards as high as the second rib on the left side. Apex-beat below and to the left of the breast. Dulness extends also to right edge of sternum, and measures six inches diagonally.

Was very faint last night; lips livid; face waxy. Is better this morning. Pulse regular. Passed 24 ozs. of urine in the 24 hours. Not much cough. Temperature (evening), 102.2. The poultices continued. *Digitalis* continued in alternation with *bryonia* 1 x every two hours.

November 18th. Morning temperature, 99.8. Pulse 96. Respirations 36. Appears much easier. Slept well. Pulse regular and fuller. Double bruit distinct at apex, though sounding very distant.

Tongue raw-beef colour, but clean. Evening temperature, 101.6. Continue *bryon.* and *digitalis*. Food and stimulants continued.

November 19th. Morning temperature, 99.6. Pulse 90. Respirations 26, rather jerking or sobbing in character. Seems stronger this morning. Occasionally sharp pain about left side of chest. Dulness keeps much the same.

Still perspires freely. Evening temperature, 101.6.

Arsenicum 3, alternately with the *digitalis* every two hours.

Some fish was ordered, to be followed, if taken without marked embarrassment, by a chop. The stimulants continued.

November 20th. Morning temperature, 100.4. Pulse 90, jerky but stronger. Respirations 32. Several times yesterday and during the night became faint, with very distressing dyspnoea. Sharp pain about three inches below the breast. Just under the breast, a rubbing sound may be heard with the impulse. Murmurs sound most distant at apex-beat, which is outside of breast. Right hand a little swollen. Evening temperature, 101.8.

November 21st. Morning temperature, 100.4. Pulse 86. Respirations 30.

Much stronger. Food taken well. Evening temperature 101.8.

November 22nd. Morning temperature, 99.6. Pulse 96. Respirations, 27. Passed a better night. No pain. Breathing easier. Seems decidedly stronger. Area of cardiac dulness diminishing. Heart's sounds heard more distinctly. Evening temperature, 101.8.

Continue *arsen.* without the *digitalis*.

November 23rd. Morning temperature, 99. Pulse 84. Respirations, 30. Evening temperature, 101.4.

November 24th. Morning temperature, 98.8. Pulse 96. Respirations 30. Passed a good night. Complaining of pain in top of left shoulder. Sweating freely still. Evening temperature, 101.2.

November 25th. Morning temperature, 98.8. Pulse 96. Respirations, 24, jerky and uneven. Dulness does not extend so high. Perspiring much. Pain this morning in right shoulder. Cardiac dulness continues to diminish. Evening temperature, 100.2. *Digitalis* alternately with *arsen.*

November 26th. Morning temperature, 99. Pulse, 96. Respirations 34. Evening temperature, 100.8.

November 29th. Temperature, $\frac{100}{98.8}$. Pulse 92. Respirations, 26. Pulse stronger. Breathing better. No pain, and patient altogether improving rapidly.

December 1st. Temperature, $\frac{100.4}{98.4}$. Pulse 72. Respirations 36, easier, and not so jerking. No pains in joints. Not much perspiration. Pulse exceedingly compressible.

From this date the reports continue much the same till December 10th, when temperature, $\frac{99}{98.4}$. Pulse 96. Less dulness over præcordia. Heart's action is stronger. Complaining of pain (neuralgic) on right side of face.

December 20th. Is gaining strength gradually. At the apex there is distinct double bruit; at the base the 1st sound is wholly replaced by a murmur, loudest at the pulmonary area.

From this time she continued to improve, regaining strength slowly, progress being checked by a rather profuse attack of epistaxis following a headache on the 12th of January.

She had *china* after this, and was discharged "much improved" on January 22nd, 1881.

CASE No. 3.—Peri-carditis with some endo-carditis.

THE next case is one that occurred in private practice at the seaside. Miss R., æt 20, was attacked September

17th, 1881, with febrile symptoms, after having felt some chills the day before, accompanied by headache and depression of spirits.

There were pains in the limbs and in the abdomen; tongue slightly coated; temperature (evening), 100.2; bowels inactive. There was slight tenderness in the right iliac region, to which my attention was particularly directed by the fact that there had been several cases of typhoid in the neighbourhood.

I was not able to make any decided diagnosis, and I gave *baptisia*.

September 18th. Temperature 101.2 *mane*. Pulse 98, soft. Has passed a rather restless night, but feels herself better in spite of the increase of the true feverish symptoms. Skin is slightly moist. Temperature *sera*, 102.3.

September 19th. There was no longer any doubt as to the nature of the affection this morning. The temperature was 101, pulse 98. The skin moist, perspiring freely, and the secretion of characteristic odour. Pain, tenderness, and swelling in the left shoulder, right knee, and slightly in right ankle. Restless, and inclined to move about in spite of the trouble and pain the movement causes. Bowels inactive; urine acid re-action, moderate in quantity, no deposit.

No pain in chest, but a little irritative cough. Some rhonchi to be heard in different parts of the chest; no cardiac sounds.

Aconite and *bryonia* 1 x were given alternately. The parents were warned about the danger of chill, and the patient was ordered flannel next the skin—the risk of heart affection being stated. It was not until near the end of the treatment that I found that my warning had been disregarded, and that the patient had been permitted to get up for some reason, while the fever was at its height, and the skin moist with the peculiar secretion.

The cardiac region was watched very carefully. Temperature (p.m.) 101.4.

September 20th. Morning temperature 101.2. Pulse 102. No special difficulty of breathing. The right ankle now affected most severely. Has passed again a very restless night. Heart sounds natural; still, neither friction nor alteration of position of dulness being to be found. Mr. Shaw, who had been the family attendant

previously, saw her with me this afternoon, and confirmed my diagnosis and treatment. Temperature, evening, 102·6.

September 21st. Temperature, morning, 101. Pulse 102. Respirations 24. Complains of some uneasiness of breathing, and sense of pressure in cardiac region. Could find no friction sound, but the apex-beat was outside of and below the mamma; dulness extending to second interspace above, and nearly to right edge of sternum; effusion having taken place rather suddenly, as I had examined the heart the evening before, and found no friction sound, nor any marked extension of dulness.

There was no murmur now perceptible, but the sounds at the apex seemed distant. The night had been a very restless one, and the pains were mainly in the right lower extremity, where the knee was the joint principally affected, thus showing the specially wandering character of the affection, which most practitioners will have observed varies in this respect extremely in different cases. For my part, I consider these cases of specially wandering character as the worst to deal with. One never is able to feel sure that one's enemy is beaten, or, at least, until one's patient is quite convalescent, and it is notorious that such cases are those in which the heart is most certain to be affected endo and peri-cardially.

I ordered large bran poultices to be applied to the cardiac region, and frequently renewed, but did not change the medicine from the *bryonia*, though I considered the *aconite* had better be suspended. Temperature (p.m.), 102·4.

September 22nd. Morning temperature, 101·2. Pulse 102, regular, but jerky and compressible. Respirations 30. The friends had been alarmed in the night at an attack of difficulty of breathing, but by the time I arrived I could find no special dyspnoea, nothing more than the oppression to be expected in such a state.

The night had been restless and sleepless. The principal site of the rheumatism had again changed to the left shoulder, though all the large joints were more or less swollen and tender.

The dulness had now extended quite to the right edge of the sternum, an inch outside the line of the left nipple and below the mamma, and a decided roughening of the first sound was heard. The spirits were very much depressed, and the patient had given herself up. Milk

and beef-tea were ordered, and a little brandy and water. The poultices were continued until in the afternoon, when Mr. Shaw again saw her with me. He then suggested the substitution of *spigelia* for the *bryonia*, and of cotton wool for the moist warmth; confirmed the use of stimulants and nourishment. His suggestions were followed out. The evening temperature was 103.

September 23rd. The morning temperature, 101.2. Pulse 102, jerky, compressible. Respirations 36. Has passed a bad night, with much dyspnoea, and very restless, unable to turn, but cannot keep quiet. The pains in the limbs continue much the same; perspirations profuse, especially at night.

Urine scanty and depositing urates, acid re-action.

Bowels only relieved by enemata.

Dyspnoea rather better after daylight. No sign of improvement as to effusion. Area of dulness not diminished, and there was some roughening of the systole at the apex, the apex-beat being the same in position as yesterday, but not to be felt.

Food and stimulants continued. Evening temperature, 102.8.

September 24th. Dyspnoea very distressing, and she has passed a very restless night. Effusion continues much the same, patient tossing about even in the day. Rheumatic pains still changing about, scarcely any visit finding the condition of the joints relatively the same. Morning temperature, 101.2. Pulse 100, occasionally intermitting. Respirations 40. The dulness continues much the same, perhaps a little higher up in the second interspace. Perspirations continue, but are rather less copious. Urine very loaded and deep coloured. No albumen. As there could not be said to be any decided improvement, I ordered the poultices to be re-imposed, and gave *arsenicum iod.* 8x in alternation with the *spigelia*. Evening temperature, 103.

September 25th. Temperature, morning, 100.8. Has passed a very restless night. Obtained an hour and a half's sleep last evening, but not a quarter hour through night.

Pain at cardiac region very sharp at times. Roughness of murmur more marked, and sounding nearer. Pulse 100, intermitting and very compressible. Pains in joints much the same. Urine rather more copious, and less dark coloured. Slight cough.

On the whole the impression is that there is a little less

distress and restlessness this morning. Continue the treatment. Temperature, evening, 102.4.

September 26th. Morning temperature, 100. Pulse 96, still intermitting, but stronger. Respirations 26, and less anxious. Has passed a much better night, having slept two hours at a time more than once. The breathing more regular and less laboured. Countenance manifestly less anxious, though her spirits have not much improved. Tongue furred. Takes her food—beef tea, &c.—with much less reluctance.

Bowels inactive.

Dulness shows decided signs of lessening, not extending so far out-side of the nipple line. Bruit much the same, except that all sounds seem clearer.

The improvement is manifest to every one about the patient.

Treatment continued. Evening temperature, 101.2.

September 27th. Greatly improved, having slept much better. Morning temperature, 99.8. Pulse 96. Slight thrill perceptible, intermissions occasionally. Respirations, 24.

The pains still wandering from joint to joint, affecting the left shoulder with the greatest constancy. Manifest reduction in area of dulness. Apex-beat again to be felt, though indistinctly.

Takes food better. Bowels sluggish, urine freer. *Morale* improving.

Continue *spigelia* and *arsen. iod.*

September 28th. Improvement still more manifest in all ways.

September 30th. I found her sitting up in bed, propped up by her pillows. Pulse 96, very feeble stroke. Respirations 20. Sleeping nearly all the night. Taking nourishment eagerly. Tongue furred, but cleaning at the edges, where it is very red. Bowels still inactive.

Urine clearer, still acid in reaction, and at times depositing some urates.

Dulness at cardiac region greatly reduced, its border being within the sternum at the right edge, and about half an inch outside the nipple line at left—not reaching the second space above.

Systolic mitral bruit very audible. Ordered a little fish, if possible, continued the liquid foods and some stimulant. Continue the *arsen iod.* alone, every four hours.

October 2nd. Improving in all respects.

The case was not under my charge for many days after this, and I am not, therefore, able to give so satisfactory a report of it as might be, but so far as the removal of the serous effusion is concerned, I think the *iod. of arsenic* may fairly be set down as having been the principal agent.

CASE 4.

November 1st, 1881. A friend of mine called on me to tell me that his daughter, æt. 11 years, had been suffering for a week from severe pain in the left side, interfering with the breathing and describing her state as very serious. My impression was that it was a case of pleurisy. I sent some *aconite*, and went the next day, when I found the following case of endo and pericarditis.

Miss E. S., tall and delicate looking, had been exposed to cold and wetting a week ago, and since has been troubled with severe pain in left side, increased by movement of the arms and by deep inspiration.

I found there had been pains in some of the joints, which had subsided as the pain at the chest developed itself. Temperature, 101.2. Pulse 98. Respirations 24. Tenderness over cardiac region. Cardiac dulness extending to outside of nipple line half an inch, and to middle of sternum. Loud but not sharp systolic murmur over mitral region. Apex-beat diffuse outside of nipple.

Child pale, emaciated. Dyspnoea with the least movement, yet the child was dressed and about the house. I, of course, ordered her to be put to bed. The cardiac region to be fomented well with hot water, followed by poultices. I ordered *aconite* and *bryonia* 1 x alternately every four hours.

November 7th. Pain less severe. Breathing even more difficult. Respirations 30. Pulse 100. Temperature 101.

Has passed a restless night. Pain at heart. No rheumatic pains in limbs. Dulness much the same. No perspirations. Skin rather dry than otherwise. Appetite very bad. Tongue furred in middle. Bowels regular or relaxed. Urine depositing on the vessel a pink sediment.

Dulness continues the same as at last report. Pain less sharp. The apex-beat scarcely to be distinguished by touch. I ordered *arsen. iod.* 3 x every four hours.

November 12th. I found the child greatly improved. Pulse 102, weak and irregular. Respirations 24, but laboured. Countenance very blue. Still sleeps a good

deal at night. No rheumatic pains. Perspirations scarcely perceptible. Urine still depositing. Tongue furred, not much liking for food. Bowels acting every other day with some difficulty.

The dulness nearly reduced to natural limits, and the apex-beat felt quite forcibly about an inch below and to left of nipple line.

Loud systolic bruit at apex.

A good deal of cough of dry and irritative character.

Some general râles over greater part of the chest, especially on right side.

To continue medicine. Some meat allowed, in addition to the liquids she has had.

November 14th. Improvement progressing. Countenance much improved in colour, and breathing easier. No very marked pain at cardiac region, complains of a dull aching there.

Apex-beat forcible. Bruit very loud. Dulness in same. Has taken her food well, and the tongue has cleaned considerably under it.

Urine improving in quantity and with less deposit.

Cough better. Continue *arsen. iod.*

From this time the patient continued to improve, though she has had another attack since, which was easily controlled by *aconite* and *bryonia*.

I saw her a few days ago, and found the heart's action forcible, and feeling as though it drew in the fifth and sixth interspace. The bruit at apex was very loud and rough.

These cases so far carry their moral with them that there is not much for me to add. I think they all indicate that *arsenicum* is a most valuable, if not an indispensable medicine in the treatment of pericarditis with copious effusion; this, however, is hardly new. Most of our manuals tell us this, but I think the cases taken altogether, and especially the first case, suggest that the *iodide* is a form which, so far as clinical experience goes, is worthy of a fair trial.

Case No. 1 was most striking from its manifest severity, the amount of effusion, and the rapidity and completeness of the cure, especially as it had been progressing steadily the wrong way until the moment of the introduction of the new medicine.

But some one may say, "There is no evidence that the *iodide of arsenic* will produce pericarditis with serous effusion." Not absolutely, but we do know that both the

radicals of which the salt is composed do; at least the negative element is known to produce effusion in the closed sacs, while of the basic radical there is no doubt.

I am far from thinking that we must necessarily repudiate every drug until it has been thoroughly proved. Practically we are bound to make use of all means that come to hand by which we can conquer the pain and suffering it is our mission to do battle with, and while we look steadily forward to the further development and improvement of our arms of precision, we may sometimes destroy our enemy by an old-school flint-pistol.

When we have arrived at the happy day when all metals and metaloids, all ethers and alcohols, carbon and nitrogen compounds, all salts, all vegetable, animal and mineral poisons shall have been equally well proved; when the "Allen" of that day—in how many volumes?—shall only need for us, by aid of the repertory, to seek out a *similimum* for any case that may offer, we may perhaps give a millionth dilution and cure our patient straight off—but, meanwhile, are we to eschew the use of all such drugs as have not been fully proved? I trow not. If we have a fair presumption that the agent will do the work we want done better than those we already employ, let us make essay of it.

Every case should be considered wholly on its own merits, and the greatest enemy to progress is routine.

60, Wimpole Street, Cavendish Square, W.

July 26, 1882.

CASE OF OBSCURE DISEASE OF THE STOMACH.

By CHARLES LLOYD TUCKEY, M.B., C.M.

Assistant Physician to the London Homœopathic Hospital.

On the 28th of March, 1881, I was called upon to visit Mrs. H., wife of a highly placed official. I found the patient lying in bed and complaining of great pain in the region of the stomach, and of exhaustion consequent upon it. Examination of the abdomen was attended with considerable pain, as the parts were tender to pressure and felt sore and bruised, but neither upon this nor upon subsequent occasions did it furnish any obvious explanation of the symptoms complained of. The parietes were distended

and much relaxed ; the liver dulness was slightly increased ; there was considerable movement of flatus on deep pressure ; and above and to the right of the umbilicus there was circumscribed soreness and great tenderness, with, at the same time, a strong arterial pulsation, visible and audible by the stethoscope. The heart and lungs were found to be healthy, though the pulse was somewhat quick and weak. The bowels were perfectly regular, and the kidneys acted normally. The tongue was uniformly covered with a thin white coat, but not more so than one often finds in perfectly healthy old age. There was a slight lateral curvature of the spine, and her face was of a waxen hue, and bore an expression of great suffering.

The patient was fair, and of a sanguine temperament, of medium height, and sixty-five years of age. Her family history was excellent, and her own health, until the last few years, had been unusually good. Married at twenty-five, she had had two children, one of whom had died in infancy. The uterine functions had been well performed, and she had been subjected to no malarial or other morbid influence.

Her ill health had its beginning, then, when she was about fifty-three years of age, and at that time she was residing at Pembroke with her husband.

It began with slight symptoms of indigestion—such as pain after eating, flatulence, loss of appetite, and general malaise. Medicine was prescribed without effect, but a change to the Continent at once and completely removed the symptoms and restored the patient to health. A few months, however, after her return to Pembroke, dyspeptic troubles recommenced, and recourse was again had to physic. After a little beating about the bush, *bismuth* was prescribed in large doses, and this drug in a few weeks effected an apparent cure.

During the rest of Mrs. H.'s residence at Pembroke she continued pretty well, but caution in diet became more and more necessary, for pains in the stomach were sure to follow any indiscretion.

In 1871 Mrs. H. came to reside in London, and gradually the symptoms of acute indigestion became more distressing and constant. The patient soon availed herself of the unrivalled advantages enjoyed by Londoners in the way of diverse medical opinions, and she soon became learned in the differential diagnosis between cancer and ulcer of the

stomach, and between neuralgia of the solar plexus and gastritis. Her illness was attributable to all these causes, as well as to the curvature of the spine, cirrhosis of the liver, and hysteria. The treatment adopted was as varied as the diagnosis. Those physicians who discovered obvious cancerous tumours contenting themselves with ordering opium and other anodynes, whilst others, to get to the root of matters, gave *iron*, *strychnia*, *quinine*, and all kinds of gastric sedatives. Of course brandy was not without its advocates, and in sufficiently large and crude doses it relieved the patient's sufferings more than any other agent.

The symptoms all this time were much the same as in the early stages of the illness, but they constantly tended to become more severe.

They were, especially, intense radiating pain, coming on within an hour after eating, and lasting for two or three hours, according to the nature of the food taken. This pain always began to the right of and above the umbilicus, and spread gradually over the whole abdomen. If the article of food taken was indigestible, or if she had been subjected to fatigue, emotion, or any other disturbing influences, violent retching and sickness supervened; when the stomach was emptied, the pain instantly disappeared, leaving only a feeling of soreness. If, for fear of pain, Mrs H. abstained from food altogether, the pain would still come on in a modified form, and be accompanied with great sinking and empty retching.

From experience she found that by keeping the stomach a little occupied by drinking at frequent intervals small quantities of milk, this latter form of pain was kept off, and consequently at her worst times she almost subsisted in this way, at other times taking soups and farinaceous puddings.

Going abroad, especially to Paris, entirely removed her sufferings, and when on the Continent she was able to eat and live like other people. Also, when attacked by other illnesses, such as bronchitis, the gastralgia disappeared for a time.

Her bowels at all times were perfectly natural, and her tongue was characterised by the slight white fur I have mentioned.

In the autumn of 1880, Mrs. H. had as usual gone abroad for some weeks, and, for the first time, the change failed to remove the pain and other symptoms, though it

relieved them, and on her return to London her sufferings became more acute than ever, and small quantities of milk no longer had their old effect of keeping off pain.

The winter of 1880-81 was thus miserably passed by the patient, and in March, 1881, as above-mentioned, the aid of homœopathy was invoked in the person of the writer. Mrs. H.'s state being as described, it was time that something should be done, as the exhaustion alone consequent upon many days and nights of pain, was threatening a speedy termination of the case. There were so many symptoms pointing to cancer, probably of the pyloric end of the stomach, that *hydrastis* was the first medicine thought of, from its well proved efficacy in that disease. Five drop doses were given every three hours of the 1st decimal dilution, a water compress was ordered to be worn constantly over the chief seat of pain, and the diet was confined to milk, beef tea, and weak brandy and water. For three days this treatment was religiously carried out, but without the smallest effect upon the disease. On the third day I witnessed one of the most violent attacks which had occurred. It came on from no apparent cause, and was accompanied by such severe pain that the unfortunate lady was completely "doubled up" by it, and groaned in anguish. It continued for about half an hour, and violent vomiting of the contents of the stomach—a little milk and mucus only then ensued, and the sleep of exhaustion followed. Diligent search of the *Materia Medica* was then undertaken, with the result that *arsenic*, *cuprum*, *conium*, *dioscorea*, *nux vomica* and *argentum* were all found to correspond more or less closely with the symptoms. *Cuprum mitalicum* 6 was first given alone, and then in alternation with *conium* 3 for a period of ten days, but no effect was observable, and the inability to bear pain was increasing. *Chloroform* by inhalation was had recourse to, but it only momentarily relieved the pain, which returned in its full intensity after each administration. *Nitrite of amyl* given in the same way produced only intense sickness and no cessation of pain, and *moschus* was equally ineffectual. In the middle of April *argentum* 3 was prescribed, and its administration continued for four days. Then, as from the patient's history *bismuth* had formerly been so successful, this drug was given, at first in five grain doses of the 1st decimal, and then of the crude subnitrate. A week of this treatment showed its utter inefficiency under the circumstances. The beginning of

May found doctors, patient, and friends almost reduced to despair. The last sacraments of the Roman Catholic Church were administered, and death seemed close at hand, when at length success crowned the treatment. To relieve pain and produce sleep, I wrote a prescription for twelve extract of *opium* pills, each pill to contain half a grain, and with directions that one was to be taken when an acute attack of pain was developed. At that time there were four or five such daily. At the same time perfect rest to the stomach was enjoined, and directions given for feeding the patient entirely by nutrient enemata. The medicine was changed to *argentum nitricum* 1 c, one drop to be taken with sugar of milk every four hours.

The effect of this compound treatment was immediate; the first day three pills were taken, and they checked the spasms of pain and allowed of comfortable sleep. The second day two pills were taken, and there were but faint warnings of pain, the same on the third and fourth day, and on the fifth only one pill was taken, and that at bed time.

On the sixth day the altar flowers and incense were removed from the room, and the patient was quite cheerful, no *opium* being taken. For fourteen days she was fed entirely by enemata, one being given every four hours, and during that time the nourishment of the body improved and strength increased. On the fourteenth day the bowels began to be troublesome, and there appeared various colicky and unpleasant sensations in the abdomen. So, with fear and trembling, the stomach was again set to work. A diet entirely of koumiss had been tried and had failed, during the earlier stages of the illness, but it was now again ordered, with chicken broth, milk and lime water, and ice. To our intense gratification no discomfort followed on the first meal, and from that time there was an end of all severe pain. The nitrate of silver was continued, with less frequency, for many weeks; the *opium* was less and less used, and she had entirely given it up by the beginning of July, when, by the advice of a specialist, I sent her to drink the waters of Neuenahr. A month's residence there completely restored her to health, and on her return to London in the autumn she was able to eat and digest well cooked venison or mutton, to walk a fair distance and to enjoy life generally. She still, however, feels that imprudence in diet would bring on the old pain; the laxity of the abdominal walls and pulsation in the right hypochondriac

region continue in a diminished degree ; and she still has recourse at intervals to the nitrate of silver, and on very rare occasions to the extract of *opium* pills. Until recently there was much discomfort when the stomach was empty, but now (July, 1882) this is no longer felt, and Mrs. H. is able to go about without taking occasional sips of milk or other light refreshment. In fact she is in a normal state of health, apparently.

In reporting this case, I am fully conscious that many faults may be found with the treatment of it. The medicines were not, perhaps, given for a sufficient length of time to fully prove their action before they were discarded for others. The weak falling back upon larger doses of *bismuth* was an offence which brought its own punishment, as it failed to give the least relief. The recourse to *opium* was a confession of helplessness, which every homœopath abhors. And the final use of silver in such comparatively large doses will be repugnant to the feelings of some of us. To these objections I can only answer that the patient was flesh and blood, and so was her doctor, and the case appeared so desperate at one time, that euthanasia seemed the chief thing to strive for.

It also shows the immense difficulties in the way of a correct diagnosis of some diseases of the stomach, and the consequent necessity of caution and reserve.

The complete failure of *argentum met.* 3 to give the slightest relief, when shortly afterwards *argentum nit.* 1 acted like a charm is also of interest as bearing upon the vexed question of dose ; and the successful maintenance of nutrition entirely by the use of enemata for so long a time has greatly increased my confidence in this mode of feeding.

From the light thrown upon it by its subsequent history, I have formed my diagnosis of the case. This lay at first between cancer and gastric ulcer. Its successful issue, I think, shuts out the former hypothesis. We know how prone women are to ulceration of the mucous membranes at the change of life, and it seems to me that the ulcerative diathesis—if I may so term it—began at that time, and was never completely changed until the appropriate homœopathic remedy was given and went to the root of the disease.

Changes of climate so modified the constitution that, for a time, perhaps, the active progress of ulceration was

stopped and healing even commenced, but the return of the disease when the patient's unfavourable mode of life was resumed, shows how near the surface was the amendment. The large doses of *bismuth*, at first so successful, also produced the same temporary improvement, but the action of this remedy was evidently that of a local sedative, and superficial, for its good effect was soon exhausted.

The cure now appears permanent, but it would be interesting to know if, without proper treatment, malignant disease might not have been set up in the affected tissue.

The non-appearance of blood in the vomited matters would appear to contradict the hypothesis of either cancer or ulcer, but there are many cases on record of both these diseases where hæmatemesis was absent to the last.

I may add that in my limited experience I have found *argentum nitricum* most useful in painful affections of the stomach simulating ulceration, especially in the old and debilitated. In two or three cases No. 3 has been successful, but in the majority I have found it necessary to descend to the 3rd decimal or the 1st centesimal, whereas, with other mineral medicines I have never required to go below the 6th or 12th centesimal.

21, Henrietta Street,
Cavendish Square.

NOTES ON THE ANTAGONISTIC ACTION OF MEDICINES; WITH SOME REMARKS ON CHRONIC POISONINGS.*

By JOHN H. CLARKE, M.D.

Of late years a distinction has been drawn between antidotism and antagonism. Formerly an antidote meant any substance which would annul the effects of a poison acting in an animal organism. Such is still the meaning of the term in common speech. But, in scientific language, the late researches on the action of drugs have rendered more precision necessary. There are two ways in which the effects of a poison may be counteracted—by a drug

* Reprinted from the *Annals of the British Homœopathic Society*, No. 54.

acting on the same part as the poison, or by a drug acting on a different part. For example, *strychnia* acts on the spinal cord, exalting its sensibility. *Chloral* also acts on the spinal cord, depressing its sensibility. *Chloral* is said, therefore, to *antagonise strychnia*. On the other hand, *curara* will stop the convulsions of *strychnia* as effectually as *chloral*, not by acting on the cord, but by paralysing the endings of the spinal nerves in the muscles. *Curara* is, therefore, in the new terminology, called an *antidote* to *strychnia*—it annuls the symptoms, but does not act on the same part. From this it will be seen that the antidotism to which Hahnemann is constantly drawing attention would in these days be called antagonism.

This distinction is purely arbitrary, and though useful for certain purposes, is not without its drawbacks. It introduces a confusion between the uses of the same term in former and present times; and, considering how little is definitely known of the true seat of the action of drugs, it is apt to give rise to the drawing of distinctions between things quite indistinguishable.

In a paper on the "Nature and Limits of Physiological Antagonism," by Dr. H. C. Wood, of Philadelphia, read before the Materia Medica Section of the International Congress, the author called especial attention to this distinction, as containing in it a demonstration of the mixed truth and falsity of homœopathy. I quote from the abstract of his paper.

"Take," he says, "the action of *veratroidia* upon the heart. In large doses it paralyses, in small ones it stimulates the pneumogastrics. Supposing the pneumogastrics to be depressed, and the heart's action consequently too rapid, *veratroidia* in minute doses might be useful. Supposing, on the other hand, that the heart has been paralysed by an excessive dose of *veratroidia*, or some similarly stimulant drug, could it be expected that minute doses of *veratroidia* would restore the action of the heart?" We are not concerned with what could or could not be expected, we have to do with what is. Dr. Wood assumes that all that is true in homœopathy depends on the fact that some drugs act oppositely in large and small doses. With this I do not trouble myself to-night. But he makes another assumption. He says that a minute dose of a medicine will not antagonise the effect of a large dose of

the same, or of a *similarly acting* drug. In support of this he adduces not one particle of proof. In the discussion which followed the reading of this paper, I ventured to point this out, and adduced a case which controverted the latter part of it, a case which I shall bring before your notice later on. I shall, I think, show to demonstration that homœopathic medicines do antagonise each other and that quite independently of dose.

We are all familiar with Hahnemann's notes on the medicines which antidote, or antagonise one another, and we have no difficulty in conceiving of such antagonism when the quantities of the two drugs are not excessive in either case. When, however, we are confronted with a patient thoroughly saturated with some medicinal substance, which is producing in him its characteristic poisonous effects, it seems a hopeless undertaking to attempt to remove those effects by homœopathic medicines so long as the poison is still in his system, or so long as he continues to be exposed to its operation. We fear that unless we can get the poison out of him, or him out of the way of the poison, there is little or nothing to be done. Who, in the words of Dr. Wood, could expect anything from a medicine having the same action as the poison? Certainly I for one did not, but none the less I made a trial, and as a reward got more than I looked for. Do not let it be understood that I do not advocate getting rid of the poison where that is possible, but there are cases where that is impossible, and it is well to know that in them homœopathy can do some good. I will now proceed to relate to you some of the facts which have brought me to this conclusion.

On the 12th of March of last year, a young man, æt. 23, brass-finisher, tall, muscular, though not broad, very dark, black hair and eyes, sallow, with distinctly greenish hue of skin, came to my clinic at the hospital complaining of a pain in the chest, doubling him up at times, confined state of the bowels—large, dry, hard, difficult motions—sight becoming defective, general languor and miserable feeling, and a short dry cough.

He told me that this came on two years previously, and that the first thing he noticed was a bad taste in the mouth, headache and costiveness.

He had never been very strong, but had enjoyed fairly good health up to that time. Family history excellent.

He was married and had two children both in very good health.

He had always been steady, had worked at his trade several years. The last two and three quarter years had worked in a "general" shop, where "*turning*" as well as "finishing" was carried on, and that, he said, was more injurious than the latter. Besides this, the shop was very draughty.

His tongue was coated and dirty, teeth black with tartar, gums receding. His sleep was heavy, and his head heavy on waking. He had no cramp.

One had only to look at him to see he was saturated with brass. To that I attributed his sufferings, and had not much hope of benefiting him. I prescribed *nux vomica* 1, drop doses three times a day, for a fortnight.

The following week a fellow-worker of his, whose case I will relate next, came to me, and it was interesting to compare the two.

The patient received some slight benefit from *nux*; he was less languid and miserable, and his bowels were a little less costive. I repeated the medicine. The next fortnight he was much in the same condition, cough troublesome in the day, pains sharp on motion, nostrils stopped. I gave *bryonia* 1 in the same way.

The next report was that the pain in the chest was a little better, but he had had an attack of diarrhoea and sickness, which has left him very weak. *Arsen.* 3.

May 14th.—Throat and cough the same. The inside is sore when he coughs. Sickness is less.

Reconsidering the whole case it seemed to me that *kali bichrom.* was more accurately homœopathic to his conditions than any of the medicines I had given him before. I gave it in the 3rd dilution, drop doses three times a day.

The change when he presented himself three weeks later agreeably astonished me. He declared himself well except a sensation of sinking at the epigastrium. I gave him the same medicine with a dose of *actæa* 1 to take occasionally. This removed the sickness, and he remained much improved. Even his complexion improved to a certain extent.

Since then he has been from time to time under my care with one or other of the old symptoms, chiefly the cough, causing a pain at the chest, doubling him up, and pain in the shoulder. *Kali bichrom.* has almost entirely

relieved the former, and the latter disappeared under *bryonia* 3. The stopped state of his nostrils has never altogether got well, but has improved. Both nostrils are not stopped at a time, but first one and then the other, changing in a few hours' time. His general health improved immensely, and all the time the conditions of his work and living were unchanged. He had, previously to consulting me, been under allopathic treatment without benefit.

On March the 19th of the same year, R. H., æt. 44, also a brass-finisher, small, dark hair, blue eyes, consulted me. He complained of a cough with much expectoration and retching in the morning, at times great difficulty in getting his breath, much wind at the stomach—which he usually has—spasms at the epigastrium, restless nights—he awoke half an hour after falling asleep and cannot get to sleep after—loss of appetite, cold in head, thick nasal discharge. He was subject to attacks of this kind. Three or four years ago had one. This had lasted a fortnight. Tongue cracked, thin white coat, bowels regular. I examined his chest and found no bronchial râles. The heart sounds were normal. I prescribed *ars.* 3, one drop three times a day,

He reported himself in a week no better, cough almost incessant from 2.30 to 3 a.m., much crampy pains, especially in the lower abdomen. Retching in the morning, much expectoration during the day, the spitting relieving the cough. No night sweat. Wind not quite so bad. Teeth very dirty but all sound, green deposit all round gum margin. Lower left canine and bicuspid numb: *Kali carb.* 6, one drop every four hours.

The next week he reported that for the first part of the week he had been much better, had slept better, then he had taken cold and become worse, phlegm difficult to raise, pain in the right side of chest when he coughed, hoarseness, pharynx congested. *Bryonia* 3.

In a fortnight the only change was that the cough was a little better, but he was still hoarse. *Hepar* 6.

April 30.—Cough better, still hoarse, nose stopped, phlegm hard to raise. *Kali bichrom.* 3, one drop three times a day.

May 14th, a fortnight later, he reported himself as much better generally; the phlegm was very much easier, the

nose was still stopped. I repeated the medicine and he did not return.

The success of *kali bichrom.* in this case suggested it to me in the case previously reported, though the symptoms, when once thought of, were evidently homœopathic enough.

Though different in many minor points, these cases were very similar to each other. Both men were evidently full of the minute particles of brass, and to this I have no hesitation in ascribing much of their sufferings. They were not common colds that they suffered from, though cold may have had a share in producing the symptoms. But the character of the symptoms suggested a common cause in the two cases, which was not far to seek. In both instances, *kali bichrom.* was eminently homœopathic, and in both it, in infinitesimal doses, antagonised the action of the metal as completely as it is possible for one drug to antagonise another.

According to the logical inferences for Dr. Wood's assertion, *kali bichrom.* ought to have done nothing but aggravate the evil:

The next case is more striking and conclusive.

A single lady, æt. about 67, very small, and of delicate make, of considerable intellectual gifts, contracted the opium habit in early life, opium having been prescribed her for some painful affection by a medical man. This habit she has continued with little interruption for fifty years. She now takes eighty drops of the *liquor morphiæ hydrochloratis* in the twenty-four hours. Some time ago she consulted me about a distressing pain in the sacral region and constipation. The latter she had had for years—indeed, she could not recollect the last time she had a natural motion—always having recourse to artificial means, chiefly enemata. I said the cause was only too plain, and I did not expect homœopathic medicines would do anything so long as the habit remained. Still I gave *æsculus hippocast.* 1, drop doses every three or four hours. To her great astonishment, and mine no less, she had soon after a perfectly natural and easy motion, and the pain in the sacrum vanished. This continued as long as she took the *æsculus*. At times the motions were natural and came without assistance, and when the enema was had recourse to there was far less difficulty than formerly.

In this case there could be no doubt of the cause of the constipation, and there could be no doubt that *æsculus* was

in that particular a like-acting drug to the *morphia*. Between the massive doses of *morphia* and the hundredth of a drop of the tincture of *æsculus* there could be no comparison. And yet the latter completely antagonised the former in its sphere.

The same effect followed in the same patient when she was taking *acid nitric* 1 for a different affection, an inflamed toe consequent on a badly cut corn, not only did the toe improve, but the difficulty with the bowels was completely relieved.

Again, this same patient, in spite of her narcotic, is a very bad sleeper. She usually wakes many times in the night, and latterly she got so that she could hardly sleep at all. Half a drop of *coffea cruda* 1, taken two or three times during the day and once at bedtime, obtained for her such sleep as she had not had for months, and this good effect has now lasted some time after leaving it off. It will be understood that during the whole of this time the daily dose of *morphia* has been taken.

The sleeplessness of *opium* is well known as an alternating effect with its drowsiness, and it thus becomes in infinitesimal doses one of our best remedies against sleeplessness. In this case *coffea* was perfectly homœopathic, and completely antagonised the effect of the other drug.

I shall now merely mention two cases of arsenical poisoning. I have often been puzzled in watching cases I have known to be caused by *arsenic* to see them improve under remedies when their conditions remained unchanged. It is true the contrary has much more often been my experience, and the good effects of treatment have seldom been permanent until the conditions have been altered. At the same time, I have seen enough to convince me that even *arsenic* can be antagonised by homœopathic remedies sometimes, even when the poison is present in quantity and the antagonist given in infinitesimal doses.

The cases have already appeared in the *Monthly Homœopathic Review* of June, 1881, so I need do no more than refer to them briefly.

March 19th, 1881.—Mrs. H. K—, æt. 55, housewife, dark, florid, spare, complained of pain at the epigastrium, of scraping character, fulness after food, flatulence, passing both upwards and downwards, great weakness and faintness. She waked with burning pain in bregmatic region of head, much pain across the eyes and burning in them, sight dim.

Tongue dirty at back, bowels confined, appetite fair; conjunctivæ darkly congested in lower half; pharynx dark; gums healthy, but she has had much neuralgia and has lost many teeth. She has been ailing many years.

Annie K—, æt. 26, daughter of above, thin, pale, dark, unhealthy looking, suffering much as her mother, scraping pain at epigastrium before and after food, much flatulence comes upwards, lassitude and fainting. Tongue thinly coated white, bowels regular, appetite very good. Catamenia regular; pulse small and quick; teeth and gums healthy; pharynx dark; conjunctivæ congested; sight good.

In addition to this I was told that the whole family had had feverish attacks coming on every six weeks since they had lived in their house. The mother described such an attack to me as it affected her. A triangular patch of her forehead, the apex at the root of the nose, burned, became red, the burning spread all over the head, and was accompanied with smarting. Eyes became bad, and she got into a state of burning fever all over.

I need not say I had little difficulty in finding the cause of all this. I need not repeat here the details of the discovery, suffice it to say the house was papered with hangings of the worst description, five or six deep in the different rooms.

I could not promise them much unless they got away from such unhealthy surroundings, but I gave them each *carbo veg.* 6, one drop three times a day. In a fortnight they both returned very much better, especially in regard to the gastric trouble. The improvement continued for a month, when they were both worse again, having had their usual feverish attack. The flatulence, however, remained better in the mother's case in spite of the fever. As I did not see either of them again I conclude that they took my advice and got out of the house.

In a case of similar gastric disorder from the same cause, I gave *carbo veg.*, but with no effect on the flatulence until the patient got away from the influence of the *arsenic*.

My case is now as complete as I have time to make it, though not by any means as complete as it might be made. I submit, however, that I have made out that, whatever conclusions our expectations might lead us to adopt, it is a fact that a medicine will sometimes antagonise the action of another medicine acting like itself, and on the same part

as itself, even when this has been taken in massive doses for long periods of time. In cases of acute poisoning with massive doses I have had no experience, but, judging from what I have seen in chronic cases, there seems to me no reason why the homœopathically-indicated medicine should not be of service there also when the poison has got beyond the reach of stomach-pump and emetics.

In conclusion, I have a few observations to offer on chronic poisonings generally. The more I know of medicine the more does my respect grow for the powers of endurance and accommodation possessed by the human body. In studying chronic poisonings this is most striking. Again and again I have watched cases, thinking the end could not be far off, and yet it has not come. One such especially recurs to me now. It was the case of a woman, aged forty-five, who had lived in a house papered throughout with arsenical papers for eleven years, and who presented in her unfortunate person a perfect repertory of arsenical symptoms. Never free from pain, never enjoying a particle of food, and vomiting almost all she took, fainting several times in the day, she was reduced to the last stage of weakness, as I thought. She was so situated that she could not get away from the house, and those who ought would not trouble themselves to get it put into better condition. I had fully made up my mind to bring the case before the coroner when the end should come. One day I received a hurried message to go and see her, as she had been assaulted in her garden and had her purse stolen. This I thought would certainly prove too much for her, and as I went along I debated with myself how much blame should be apportioned to the poison and how much to the assailant. I found her suffering from severe shock and badly bruised. Contrary to my expectations she got over these, and gradually regained her usual ill health, and for aught I know is living still. Whether such a life as her's is worth living is another question.

We are all familiar with the accounts of the Styrian mountaineers, and the common habit grooms have of dosing their horses with *arsenic*. In the case of the horses, when an unfortunate purchaser buys one that has been so dosed, unless he continues the practice he finds the animal "go all to pieces" on his hands, and has to turn him off for six months before he is of any use. Still, during the time of the dosing no ill effects are apparent, and the same is said

of the Styrians. Why this should be so, when in such cases as that I have just mentioned the sufferings are so severe, I cannot say. Perhaps the constant open-air life and exercise of the Styrians and the horses may partly account for their exemption. But why one suffering so extremely as my patient, and being constantly exposed to the poison, should still linger on is more difficult to explain. I am inclined to think that the state of invalidism induced has something to do with it. This renders the bodily wear and tear so small that the little food that is assimilated suffices to repair the waste.

Brass-workers say that there are among them many old men who have worked all their working days at their trade, and have become perfectly green in hue, even their hair being green, and who still enjoy excellent health.

We are all acquainted with stories of venerable toppers who have attained great ages in spite of their indulgence.

Are we to conclude from these considerations that chronic poisoning, though it may derange health, does not shorten life? I think not.

Sir Robert Christison, in his lectures, when on the subject of *opium*, mentioned a once celebrated law-suit respecting the liability of an insurance company in the case of the death of an opium-eater. As usual in such cases, there was great diversity of opinion among the medical witnesses as to whether the habit did or did not shorten life. The case was eventually decided for the company, and Sir Robert was strongly of opinion that the decision was right. He said that the habit greatly predisposed to certain diseases, notably apoplexy, and distinctly tended to shorten life. This I think is the case in most chronic poisonings. The poisons do not as a rule destroy life by their own dynamic power, but create a strong predisposition to certain natural diseases, to which their victims in the end fall an easy prey. We see this in the case of drinkers. For one who dies of cirrhosis, how many are there who die of diseases less directly produced by alcohol? In exceptional cases this predisposition may never find a proximate cause to draw it out, and the sufferer may drag his life out to its proper span, as if he had taken no poison. But these cases are quite the exception.

THE THERAPEUTIC ACTION OF ELECTRICITY.

By DONALD BAYNES, M.D.

(Continued from page 326.)

I PURPOSE, in this paper, mentioning some of the diseases in which I have employed electricity with benefit; the kind used and its mode of application. For a full description of electro-therapeutics I must refer the reader to one of the many well-known text-books written on this subject.

Anosmia (Loss of smell).—In this very troublesome affection electricity sometimes acts like a charm, and sometimes is very disappointing in its results. In such cases the galvanic and faradic currents should be used on alternate days. The galvanic current to be applied—the positive pole to the bridge of the nose, close to the forehead, and the negative to the nape of the neck—a mild current to be allowed to flow for the space of ten to fifteen minutes. The faradic—a moderately strong current of about ten minutes duration, the electrodes being placed one on either side of the nose.

Aphonia.—Faradise the vocal cords, one electrode being placed over the pomum adami, and the other applied directly to the paralysed vocal cord, by means of Mackenzie's laryngeal electrode. Unless the aphonia is the result of thickening or ulceration consequent on laryngeal phthisis or syphilis, one or two applications are usually sufficient to restore the voice.

Asthma is usually relieved and frequently cured by galvanisation of the vagus. Some cases require an ascending, others a descending current. This point is to be determined in each case by actual experiment.

Chorea.—Excellent results are obtained in this disease, either by galvanisation of the spine, or by charging the patient with static electricity and drawing sparks from the spine.

Constipation, especially in elderly people, who have been in the habit of taking purgatives, or using enemata, may be permanently cured by faradism—one electrode being either applied over the sacrum or else inserted into the rectum, the other being passed over the entire abdomen. A fairly strong current should be employed.

Gout and Rheumatic Gout.—In these affections the action of electricity is very uncertain. Some cases are

quickly cured, while others benefit but little by its application. The galvanic current gives the best results.

Hay Fever is very amenable to galvanisation of the spine and pneumogastric, followed by general faradisation.

Lumbago yields quickly to local galvanisation of the affected muscles. A fairly strong current should be employed twice daily. In other forms of myalgia, galvanism gives excellent results. In stiff-neck it acts like a charm.

Neuralgia.—The relief of pain is one of the most prominent characteristics of galvanism, even though it may not remove the cause of the pain. In facial neuralgia, the results are striking and brilliant. The applications should at first be made daily. In each seance, begin with central galvanisation, then follow up with local administration. In cervico-brachial neuralgia, the anode is placed over the brachial plexus, while the cathode is passed slowly up and down the arm. The tedious neuralgia following herpes-zoster in old people is much benefited by galvanisation.

Milk, absence or deficient secretion of.—A few applications of the faradic current to the breast generally produces a full supply of milk.

Odontalgia is often quite cured by a few applications of galvanism. The negative pole is to be inserted into the carious tooth by means of a proper electrode, and the positive to be applied to the face over the nerve supplying the tooth.

Paralysis.—In no disease has electricity been more largely used than in the various forms of paralysis; and in none has it given more brilliant results when employed in properly indicated cases. Many cases of paralysis, from their cause and nature, preclude all hope of success being obtained by electrical treatment. In others, especially if recent, a happy result may be confidently expected from its proper administration. Hysterical and rheumatic paralysis are chiefly treated by faradisation, and yield most excellent results. Diphtheritic paralysis is most frequently treated by the faradic current. In infantile paralysis, also in lead paralysis, and in all forms of this disease where there is a tendency to wasting of the muscles, the galvanic current should be first employed and then followed by the faradic. A general rule is that where the paralysed muscles do not respond to the faradic

current the treatment must be commenced with a course of galvanism. Cases illustrating this mode of treatment are given.

Pruritus ani and *pruritus vulvæ*.—These most troublesome disorders are greatly benefited by electricity. Galvanism and faradism of the patient on alternate days should be resorted to.

Sciatica.—This most painful and obstinate disease is, in the great majority of cases, completely under the control of the galvanic current. In its application, the positive pole is placed over the spot where the nerve escapes from the pelvis; the negative pole is passed over the limb, along the course of the nerve. Sometimes, one pole is placed in the rectum. A large number of cells should be used, and frequent applications must be made.

Spinal Irritation.—This tedious complaint is best treated by alternate applications of central galvanisation, and general faradisation. The cure will be greatly facilitated by massage and rest, with suitable diet.

The following cases, taken from my note-book, will serve as examples of the therapeutic value of electricity in disease.

I. *Aphonia*.—Miss B. came to me in April. Had been in a weak state for some time; periods irregular, and bowels very constipated. About three months previously to her visit to me she had caught a severe cold, which resulted in complete loss of voice—so much so that she carried a slate and pencil as a means of communication. A laryngoscopic examination revealed paralysis of the vocal cords. On attempting to phonate, the right remained completely motionless, whilst the left did not quite reach the median line. One pole of a faradic battery was applied externally to the larynx, and the other, by means of a laryngeal electrode, directly to the vocal cords themselves. The effect was instantaneous: her voice being completely restored. Her general condition was then attended to, and she shortly regained good health.

II. *Lumbago*.—Colonel B. had been suffering for nearly a week when he consulted me. His pain was so great that he could scarcely cross the room. The galvanic current was applied, for about fifteen minutes, over the lower part of the spine, the hips and the thighs. This application gave great relief. The galvanism was repeated next day; he was now so far restored that he could walk a short

distance without much inconvenience. Three more applications completed the cure, and he was able to take his daily ride and walk without suffering discomfort.

Judge — had been troubled for some time with pains in the back. He had tried all sorts of remedies, without experiencing much, if any benefit. He was treated with electric baths, of which he took four. Marked improvement followed the first bath, and he declared himself perfectly free from pain after the third. He has had no return of the pain up to the present time.

III. *Deficiency of Milk.*—Mrs. H. consulted me in reference to the entire absence of milk in the right breast. This was the third time she had lost the secretion in this breast, and was probably the result of previous abscesses. Three applications of the faradic current resulted in a full supply of milk.

IV. *Paralysis* —(1st.) James L. fell from a window, about 20 feet from the ground, striking the left side of his head (the fall was more or less broken by the branches of a tree, which grew close to the house). The child was taken up insensible, and remained so for four or five days. When sensation returned, it was noticed that he was unable to speak, and that one leg was paralysed. On examination there was found to be a good deal of anæsthesia in the paralysed limb, and no response to the faradic current. Treatment: Daily applications of both galvanic and faradic currents. In from eight to ten days, speech returned, and the child was able to stand. Three days afterwards, he could walk alone, and after three weeks' further treatment was dismissed cured. During the latter part of the treatment the electricity was applied less frequently—only twice or three times in the week.

(2nd). Frank M., 14 months old; a strong, well-nourished child; sent me by Dr. Kennedy; first seen September 24. On examination, the left leg was found to be paralysed, muscles flabby and wasted; the limb was cold and much smaller than the right. Antecedent history.—About three weeks previously the child woke up crying after its morning nap, and vomited several times; it was very feverish. The mother gave it a dose of castor-oil, and towards evening it seemed better. The next day the mother noticed that the patient had lost power in one leg, and was unable to use it when creeping. The supposed cause of the paralysis was chill, as the child was sitting

for some time on damp grass the day before its illness. Treatment: As the muscles did not respond to faradism, the galvanic current was employed. The positive pole was applied to the lower part of the spine, and the negative passed over the entire length of the limb. Early in October the muscles began to respond to the faradic current—there was a fair return of sensation, and the temperature of the limb was higher. The faradic current was now used on alternate days with the galvanic. At the end of October the limb had increased in size, and was easily kept warm; treatment continued. In November the child was able, not only to move the leg, but to begin to creep and stand. In December it was dismissed, cured.

(3rd.) Miss M., aged 24. She had been in the habit of taking Epsom salts daily for more than a year. Caught a severe cold towards the end of December, 1877, which resulted in spinal congestion, for which she was attended by Dr. Roddick, who sent her to me, January 18, 1877, for electrical treatment. She was then complaining of numbness of both legs, (the numbness extending as high as the lumbar vertebræ) weariness on the slightest exertion, and considerable difficulty in locomotion, loss of appetite, constipation, feverishness and restlessness at night. Treatment: Electric baths, 15 to 20 minutes with the galvanic current, followed by 10 minutes with the faradic. She took, in all, six baths, one every other day, when she returned, cured, to her occupation as saleswoman in a shop.

V. *Post Partum Hæmorrhage*.—A friend has furnished me with the following cases. (1st.) Was called to see Mrs. D., a thin delicate woman who had been in labour for some 19 hours. On examination found the os uteri fully dilated, head presenting, the anterior diameter somewhat shorter than normal. Her pains were very feeble and far between. She appeared very low. I gave her two or three doses of fluid extract of *ergot*, but these produced little or no effect. I then applied the forceps and delivered her. The placenta came away spontaneously. Shortly afterwards severe hæmorrhage set in, the uterus refusing to contract under the application of cold, ice, etc. Mrs. D. fainted. I had already sent for my battery, which now arrived. I gave the nurse one pole to apply over the abdomen, and, taking the other in my hand, passed it into the uterus, which immediately answered to the stimulus and contracted

firmly. I withdrew my hand and applied both poles for a few minutes to the abdomen over the uterus. There was no recurrence of the hæmorrhage, and the uterus remained firmly contracted.

(2nd.) Was called to see Mrs. S. The labour had been an ordinary one; however, soon after the removal of the placenta, flooding set in. *Ergot* had been given and ice had been introduced into the uterus, but without the effect of producing permanent contraction. On my arrival I found the patient much exhausted; ex-sanguine, and with the uterus relaxed. I immediately applied the faradic current to the abdomen over the uterus. This was followed by a temporary contraction. The uterus, however, again relaxed. I now introduced one pole into the uterus itself and applied the other to the abdomen. This resulted in the organ becoming firmly and permanently contracted. The woman made a good recovery.

VI. *Debility*.—Mrs. F. L. came to me in a very low, nervous, and depressed state. She told me she felt thoroughly unfit, mentally and physically, either to read, write, or attend to her ordinary household duties. Her bowels were obstinately constipated, and she was greatly troubled with leucorrhœa. I began the treatment with electric baths in April. After the third bath she began to improve, and at the end of June had quite regained her usual health and mental vigour. She was able to walk two or three miles without excessive fatigue.

REVIEWS.

Comparative Therapeutics. By SAMUEL O. POTTER, M.D. Gross & Delbridge: Chicago.

THIS work, which first appeared in 1880, has met with such a rapid and appreciative sale as to have necessitated the issue of a second edition, exactly twelve months after the first. This fact alone should incline us to examine carefully into its merits. It is written on an entirely new plan, the only approach to which, as far as our memory serves, is to be found in the small clinical index of Ruddock. Dr. Potter's book is, however, far more elaborate and comprehensive, embracing, as it does, what we may presume is the cream of the therapeutics of both schools.

The author, in explaining the intention of his volume, says: "The object aimed at in this book is to present the therapeutics of the two great medical schools in the manner best adapted to comparative study and quick reference. In parallel columns are

placed the remedies recommended by the most eminent and liberal teachers in the regular and homœopathic branches of the profession."

It is rather to be regretted that the author should have used the word "regular" in this connection; surely in so catholic and impartial a book this little pandering to the enemy should have been omitted.

Glancing through the list of authorities, we notice the names of the most modern and advanced thinkers, as well as standard and old established references on both sides. When we mention among the allopaths the names of Bartholow, Phillips, Ringer, Trousseau and Wood, we have said sufficient to account in many instances for the identity of drugs in both columns. And on the other hand, when we find references given to such writers as Angell, Allen, Hughes, Hale, Hahnemann, Helmuth, Hering and Jahr, we may rest assured that the very soundest views on the homœopathic side of the question will be met with here.

The further we read, the more we are struck by the colourless impartiality with which the author has discharged his task. He has confined himself strictly to the enumeration of the principal drugs used in both schools for any given disease with the very briefest indications for their choice.

This book does not pretend to take the place of the reference library, but only to put the remedies in a tabular and handy form, and give the reference to the authority where more copious indications may be found. And after a careful perusal we can confidently say that Dr. Potter fulfils his promises.

The arrangement is alphabetical, and the contents range over the whole field of medical science, including, rather to our amusement, a table of the fees copied from the fee bill of the New York State Medical Society, and the Detroit Schedule.

The article under the heading "Homœopathy" is very well written, and presents in a concise review the history of homœopathy and its present position throughout the world.

The two formulæ of homœopathy, the one, of the moderates, the other, of the Hahnemannians, we quote verbatim:—

"Although firmly believing the principle '*similia similibus curantur*' to constitute the best general guide for the selection of remedies, this belief does not debar us from recognising and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

Catholic enough, and comprehensive enough, in all conscience,

is this creed. The Hahnemannian formula has more of the true Athanasian flavour about it.

“We believe the *Organon* of Samuel Hahnemann to be the only reliable guide in therapeutics. This clearly teaches that homœopathy consists in the law of similars, the totality of the symptoms, the single remedy, the minimum dose of the dynamised drug, and these not singly, but collectively.” And we fancy we hear them add, “except a man believe all this he cannot be a homœopath.”

Very useful to the practitioner will be found the complete dose list of all drugs used in both schools, and the chapters on Differential Diagnosis and Thermometry. The section on Urinary Examination, too, is methodical and simple.

We have been much struck with the clearness of arrangement and the completeness of the information contained in this book. At the same time it must be remembered that it does not attempt or profess to supersede larger works of reference, but merely to present in a handy form hints on therapeutics culled from larger books, with the indications where they are to be found.

Viewed in this light, we wish every success to the work, and have no doubt that the sale of the second edition will be as rapid as was that of the first.

NOTABILIA.

THE *LANCET* ON HOMŒOPATHY.

CRYING aloud to keep one's courage up, is a very old arrangement. None better understand the art of shouting loudly and with a reckless contempt for truth, in order to force on their readers a conviction of the reality of that in which they wish them to believe, than do those who are responsible for the contents of the *Lancet*. For example, in a paragraph we are about to quote, it is stated that the allusions to homœopathy made last year at Ryde, by Dr. Bristowe and Mr. Hutchinson, were so made “by mutual understanding and with the concurrence of the Council.” That this is absolutely false is well known to every reader of periodical medical literature. This statement was made last year by the *Lancet* within a week or fortnight of the delivery of those addresses, and it was categorically denied at once by Dr. Bristowe, Mr. Hutchinson, and the President of the Council!*

* See letters from Dr. Bristowe and Mr. Hutchinson in the *Lancet*, Sept. 17th, 1881, p. 508; and from the President of the Council in the *British Medical Journal*, Sept. 8rd, 1881, p. 418.

A year later, and the *Lancet* repeats the statement, necessarily knowing its truthlessness! With regard to homœopathy, its tactics are precisely similar. Bold, uncompromising, and truth-defying assertion is the weapon which the *Lancet* has ever wielded against homœopathy. Can it, we would ask, be possible that any person qualified to be on the staff of a medical journal, can be so ignorant of homœopathy and all relating to it, as to publish in good faith, believing them to be true, the statements contained in the following paragraph extracted from the *Lancet* of the 19th ult?

“The authorities of the British Medical Association may congratulate themselves on escaping so easily from an embarrassing position in reference to the question of homœopathy. The injudicious allusions to it last year by Dr. Bristowe and Mr. Hutchinson respectively, by mutual understanding and with the concurrence of the Council, placed the Association in a very painful position. It was not to be supposed for a moment that a great medical Association, having the same opinion and the same laws, in regard to homœopathy, held and practised by scientific medical men all over the world, could quietly let pass such advice as was administered to it by gentlemen who only looked on the subject from an academic and benevolent point of view. It is not *now*—when homœopathy is extinct; when the real disciples of Hahnemann in England can be counted on one’s fingers; when these say that homœopathy is no longer taught, even in the School of Homœopathy; when the contempt and denunciation of homœopathy have received their triumphant vindication—that a great medical Association should have been asked to show any quarter to medical men who still either believe in the exploded nonsense or trade on the belief of non-medical persons who do so. But this was the suggestion of the authors of the address in Surgery and the address in Medicine last year. And when the members of the Association would naturally have risen to protest, they were given to understand it would not be courteous to express their dissent then and there. Many significant indications have been given to the Council that the members of the Association would not allow themselves twice to be found in such a childish and false position. It is not one of the notes of a liberal profession to tolerate either false principles or those who trade on them. Accordingly, the Council, in its report at the recent meeting, dealt boldly and candidly with the members on the subject, and announced rules which will make it impossible for a homœopath henceforth to become a member of the Association. Mr. Nelson Hardy wished to go further. He wished to so alter the resolution adopting the report as to secure that the avowal of a belief in homœopathy, or of any other designation implying a special mode of treatment, should *ipso facto* disqualify

for membership of the Association. The Association was content to be assured that the new rules would henceforth exclude all homœopaths. If any homœopath now chooses to remain a member, he may; but his sense of dignity will be a subject for the study of his fellow members. Here this question will end for the present. There is only one way in which gentlemen now using the title and the shibboleths of Hahnemann can be admitted to Medical Societies, and that is by ceasing to use them. It is they who raise the sect and import narrowness into Medicine. It is they who exclude themselves. They would not be owned even by Hahnemann. They have abandoned the fundamental points of his faith and practice. Let them act candidly with the public and abandon a name which misleads it, and they will find no want of magnanimity in the profession to which they return."

So homœopathy is once more declared to be "extinct!" "The contempt and denunciation of homœopathy have received their triumphant vindication!!" By many a village surgeon these lines will be read with delight. And the conclusive remark, "I always said it would be so, only give it time and rope enough," will complacently follow. In small country towns, where the rector has "a book and a chest," and silently and unobtrusively does a great deal of good with them to the poor; and where the wife of the squire at the Hall contrives by the same means to keep the principal doctor of the neighbourhood at arm's length, these words of the *Lancet* will be a source of comfort and joy, and give rise to dreams of the visits that will be required during the coming winter, and of the mixtures and pills that will have to be prepared! In places where homœopathic practitioners are settled and doing well, some ray of hope will spring up in the minds of the neglected practitioners, and a degree of confidence be inspired in looking forward to the long-expected collapse of their too successful rival. These and similar anticipations are, however, all doomed to disappointment. Out of his inner consciousness the editor of the *Lancet* has, for the fiftieth time, declared that homœopathy is not. The wish is father to the thought.

That homœopathic practitioners "have abandoned the fundamental points of the faith and practice of Hahnemann" is notoriously false. On the other hand, that no small proportion of the majority of the profession have adopted these fundamental points is undeniable—it is apparent on the face of all modern medical literature. In a paper on *Cardiac Therapeutics*, published in the *British Medical Journal* last April, every one of these fundamental points was practically illustrated by the author! Just in proportion as homœopathy gains a greater foothold, as the basis of scientific therapeutics, does the *Lancet* proclaim its extinction. This sort of thing has, however,

become nearly "played out." The cry has been raised so frequently during the last thirty years, that people are becoming accustomed to it, and naturally take no heed of it.

In the last number of the *Homœopathic World*, Mr. Ross, of the firm of Leath and Ross, the well-known homœopathic chemists of Vere Street, illustrates the mode in which the "extinction" of homœopathy is going on, and it is one in which we trust that it will continue to go on.

He has had nearly thirty years' experience in preparing and selling homœopathic medicines. When he became a convert the resident homœopathic practitioners in London might almost be counted on the fingers, while there were but two or three chemists who manufactured and sold homœopathic medicines. Now there are more than 100 practitioners and some 30 chemists in London alone; many of the former with large and increasing practices, some of the latter with extensive and steadily increasing businesses. When Messrs. Leath & Ross first sent out a traveller, some fifteen years ago, his reception by the allopathic chemists was anything but courteous, and it was no uncommon thing for him to be threatened with a pedal application if he ventured within the sacred precincts of their pharmacies again with his obnoxious and senseless wares; now there is hardly a respectable chemist within the three kingdoms who does not keep and sell homœopathic medicines. Twenty years ago they hardly sold a hundred-weight of pilules in a year, now their output of this form of medicine alone is upwards of 1 ton annually; twenty years ago their consumption of spirit in the preparation of medicines scarcely amounted to 5 gallons a month; now they require 500 gallons per annum. Twenty years ago 100 gross of bottles would have sufficed to meet the requirements for twelve months; last year 2,168 gross were barely sufficient.

Many another homœopathic chemist could make a similar report. The statement of the *Lancet* and the facts adduced by Mr. Ross cannot both be true. The latter have the advantage of being susceptible of proof by reference to day-books and ledgers. The former is the product of a vain and sorely vexed imagination.

The ultimate triumph of homœopathy cannot be far distant when its adversaries are reduced to resort to such transparent misrepresentation in order to discredit it.

NOTES OF THE LONDON HOMŒOPATHIC HOSPITAL.

We understand that the staff of nurses available for attending private patients is to be increased—a circumstance which we are sure will be gratifying to many homœopathic practitioners.

A marked increase, we are pleased to note, has taken place in the daily average of patients in the wards as compared with last

year. During July, 1881, it was 26 ; during last July, it was 45. From 1st April to the 31st July, the total admissions were 195 ; during the same period this year, 281.

Various sums of money have recently been received. £50 from a generous friend in Brighton ; £200 from the estate of the late Edward Byron Noden, of Angel Road, Brixton ; being a portion of a sum left to be divided amongst charitable institutions at the discretion of the administrators. £50 has been received from the estate of the late Admiral Coffin, and a similar sum has been left by the late Mr. Elkin. A legacy of £1,000 from the estate of the late Mr. Osgood Torkington—already announced—has also been lately received. The estate of the late Dr. Quin has now been fully realised, and a further balance in favour of the hospital is shown, which will be invested in Consols. The award of the Hospital Sunday Fund for 1882 has been £191 5s. 0d., as against £286s. 5s. 0d., in 1881, a decrease of £45—due probably to the fact that the number of patients admitted during several months was—owing to structural alterations in progress—but small.

The Return of Patients admitted to August 10th affords the following statistics :—

Remaining in Hospital at date of last return	
(June 7th)	52
Admitted between that date and August 10th ...	90
	<hr/>
	142
Discharged during the same period	98
	<hr/>
Remaining in Hospital on August 10th...	44
	<hr/>

The number of new Out-Patients during the period from June 7th to August 10th, has been 1,083.

The total number of Out-Patients' attendances during the same period has been 3,924.

Arrangements have been proposed for keeping at the hospital a list of gentlemen willing to act as *locum tenens*, and also of homœopathic practices for sale, as well as of gentlemen requiring practices. Applications are to be made to the Secretary.

HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held at the Windsor Hotel, 100, Princes Street, Edinburgh, on the evening of Wednesday, September 6, at 8.30 p.m. ; and if necessary, by adjournment at 9 a.m. on Thursday, the 7th.

It is very desirable that as many members as possible should be present on Wednesday evening, because very important busi-

ness as to the past and future work of the Society will be brought forward.

Gentlemen who may have any reports or suggestions to make should communicate at once with the Hon. Secretary, Dr. Hayward, 117, Grove Street, Liverpool.

TESTIMONIAL TO DR. HARPER.

On the 30th of June, a most gratifying mark of esteem was shown to Dr. J. P. Harper, who has recently left Windsor to commence practice in London. A handsome ormolu and oxydised embossed casket containing two hundred and fifty guineas, together with a beautifully illuminated list of the subscribers on vellum, framed and glazed, was presented to Dr. Harper at Clydesdale Villa, by a deputation from a committee formed for carrying out the wishes of the numerous subscribers. The heading to the list reads as follows :—

“The accompanying casket, containing two hundred and fifty guineas, was presented to James Peddie Harper, Esq., M.D., L.R.C.S. Edin., by the undermentioned among his patients and friends of all classes, in token of their gratitude for his unremitting sympathetic professional attention; their recognition of his great medical skill; their admiration of his high Christian character; their appreciation of his constant and gratuitous aid to the needy; their deeply felt regret at his removal from Windsor (after twenty-four years of most successful practice), and their fervent hope that he may enjoy much happiness, enlarged usefulness, and continuous prosperity, in his new sphere of life and labour.—Windsor, June 30, 1882.”

In presenting the above to Dr. Harper, the Hon. and Rev. Canon Courtenay said: Dr. Harper,—I have been requested to act as spokesman on behalf of a committee of your numerous patients and friends, which has been formed in order to present you with some testimonial of their gratitude and affectionate regard. It is an especial pleasure to me to fill this place, as I trust that I may be reckoned as not amongst the most recent of your friends, or the least grateful of your patients. We have known each other more than twenty-three years. The committee is a small one for convenience sake; you must not take its size as a measure of the feeling of which it is the expression. The testimonial takes a three-fold shape—a casket, that which is enclosed in it, and an illuminated list of subscribers. It has taken this particular form partly because some of the subscribers amongst the most influential judged it the best, and partly because amongst so many subscribers it would have been impossible to come to a unanimous decision as to any one object to be presented. I know you well enough, Dr. Harper, to be sure that the less I say about yourself the better pleased you

will be ; all this, therefore, I pass by ; I only wish to assure you that this offering is no mere formal or complimentary offering, such as has become almost of necessity after a man in any capacity has been in one place for a certain number of years, but that it is the real and spontaneous expression, of the very true and affectionate esteem, and gratitude, which your numerous patients and friends feel towards you. And I should also like to state to you that this offering is the result not of any canvass for donations, but of gifts freely given, simply on the announcement of the proposal of such a memorial. And I am sure that one little fact will please you more than perhaps all else, namely, that this offering is joined in by a large number of your poor patients at the Dispensary. I now in the name of the committee put the key of the casket into your hands with our best wishes that God may prosper you in the work which you have undertaken.

Dr. Harper replied to the following effect: Canon Courtenay and Gentlemen,—I cannot adequately express to you and the kind friends and patients who have contributed to this most handsome gift my feeling of gratitude and satisfaction. Until the day before I left Windsor I had no idea that such a thing was contemplated, and when it became known to me I never imagined that anything so splendid as this was thought of. On looking back I feel inclined to say, what have I done to deserve such a gift as this ? I have taken no part in public movements, and have perhaps too carefully avoided identifying myself with questions of general interest ; but have rather endeavoured to confine myself to the work of a medical practitioner, whose calling is to heal the sick and relieve the suffering, and if in the good providence of God I have in some measure been able to do this, I am deeply grateful. But all this is duty, and duty neither seeks, nor expects, nor desires a reward. This valuable testimonial therefore must be regarded as an expression of personal confidence, affection and esteem, and in this light it is to me very precious. In severing a connection which has existed unbroken for twenty-four years, I have suffered more pain than I care to say, and have met with deeper expressions of sorrow and regret than I at all anticipated, and which I could scarcely have faced had I foreseen. It is no small satisfaction to me, however, to leave as my successor one who is second to none in professional qualification, and whose kindness of heart and real sympathy have only to be known to be appreciated. I have again only to thank you and all the kind friends from the highest to the lowest, from the poor who have so touchingly come forward, to the Peer whose name I found at the head of the committee list. To the gentlemen who constituted the committee I offer my special and heartfelt thanks.

Dr. Harper succeeds to the practice of Mr. Cameron in Hertford Street, Mayfair, and is succeeded in Windsor by Mr. Deane Butcher, from Reading.

ADVERTISING.

UNDER the somewhat curious title of "Homœopathic Advertising," the *Students' Journal and Hospital Gazette*, of the 5th ult., has a paragraph referring to a very unprofessional advertisement issued by a homœopathic practitioner, in the form of a handbill, and asking whether the *Homœopathic Review* considers "this mode of practice thoroughly orthodox from a homœopathic point of view." We, for our part, are surprised at such a question being asked, and to find that the *Students' Journal* should suppose that there can be other than one answer. The rules of the British Homœopathic Society are most stringent in reference to anything approaching to advertising, and it is very rarely that our attention has to be drawn to any breach of such rules. We regret that such breaches have been committed. We have been in communication with the gentleman referred to, and find that the objectionable notices are not, as *The Students' Journal* seems to imply, *indiscriminately* circulated, but are given to individual patients who come to the surgery or dispensary for advice.

But how can this proceeding be called "homœopathic?" Is giving a vulgar and pretentious handbill to a patient coming into your consulting room "homœopathic" advertising? and putting an advertisement of your professional arrangements in the local papers, as it appears does a medical man hailing from Clifton, who comes in for a mild amount of censure in another part of the same paper, "allopathic" advertising? Perhaps the brilliant literary genius of some distant day, who is trying, and creditably trying, his 'prentice hand at editorial work on the *Students' Journal*, will describe how an advertisement can become "homœopathic." We can understand how *ipêcacuanha* or *arsenic* can become homœopathic, but how a public announcement of professional arrangements can become so we do not understand.

DR. CLAUDE.

WE have heard lately with deep regret that our active and energetic colleague, Dr. Claude, of Paris, who has already done so much useful work for French homœopathic medical journalism, and has given ample evidence of his power and willingness to do much more, has become the victim of glaucoma of both eyes. It appears that for some considerable time he has suffered from a sense of great fatigue and sharp pain in both eyes, and that recently, on an examination being made by an ophthalmic surgeon, glaucoma was discovered. The diagnosis having been confirmed by two other ophthalmic surgeons, Dr. Claude withdrew to the country, where we are happy to learn that under

suitable treatment he is improving, and he is able to anticipate a complete recovery. This we are sure all who know him personally, and appreciate his ability, industry, and many good qualities, will join us in hoping may not be long delayed.

HOMŒOPATHIC PHYSICIANS AT GERMAN WATERING PLACES.

We quote from the *Allgemeine Homöopathische Zeitung* the names of well-known German homœopathic physicians who are in practice at some of the most frequented watering places in Germany, thinking that some of our colleagues, who may be sending patients thither, may find the knowledge of them convenient:—

Carlsbad	...	...	Dr. Th. Kafka.
„	...	...	Dr. London.
Teplitz	...	...	Dr. Stein
Kissingen	...	...	Dr. Hermann Welsch, Junr.
Kainzenbad	...	...	Dr. H. Sauer.
Lippspringe	...	...	Dr. Rörig.
Aachen	...	...	Dr. Nöthlichs.
Wiesbaden	...	...	Dr. Thilenius.
„	...	...	Dr. Liebmann.
„	...	...	Dr. Johannsen.
„	...	...	Dr. Krauz.
Gastein	...	...	Dr. Proele.
Wildbad	...	...	Dr. Fischer.

HINTS FOR THE PREVENTION OF THE MOST COMMON ACCIDENTS CAUSING BLINDNESS, AND INSTRUCTION HOW TO ACT TILL MEDICAL AID CAN BE OBTAINED.

THE Society for the Prevention of Blindness have issued the following instructions in cases of accidents. Their being reprinted here will, we trust, add to their usefulness.

There are many preventable accidents and injuries which cause the destruction of important parts of the eye, and consequently blindness.

1. Infants are carelessly left without supervision; and it happens that flies which have just left some dirty place, some diseased person or animal, some putrifying or poisonous substance may alight upon and affect the external parts of the eye, causing most dangerous suppurating inflammations of the eyes.

2. Infants are often left, in the country, in the poultry yard,

where the fowls, seeing a fly near or on the child's eye, peck the eye in their attempt to catch the fly, and thus cause a dangerous wound in the cornea (which is the name of the transparent part in front of the eye), followed by blindness.

3. Cats and dogs sometimes scratch babies' eyes while playing with them, causing dangerous wounds and blindness.

4. Children while playing or fighting cause serious accidents to one another, by poking their fingers in the eyes, or they may accidentally thrust quill pins, pencils, hair-pins, knitting-needles or pen-knives into one another's eyes; sometimes they throw small stones, sand and dust into the eyes.

5. In trying to undo a knot, either with the aid of a pin, a hair-pin, a fork, or the point of a pair of scissors; the string gives suddenly way, when the point of the instrument strikes the eye with great force, causing a dangerous wound, which is followed by the loss of the sight of the wounded eye;—sometimes by sympathetic inflammation, the second eye is also lost.

6. The breaking of elastic chest expanders—the use of which is not at all to be recommended—causes also accidents to the eyes. The elastic, while too much stretched, breaks, then it contracts suddenly, and in its recoil it gives the eye a very strong blow.

7. In playing with gunpowder children frequently inflict serious damage on their eyes by the explosion of the powder while their faces are near it, or by foreign bodies being propelled into the eyes by the explosion. They should on no account be allowed to play with explosive substances. Careless shooting frequently causes blindness.

8. Writing or reading for a long time in school or offices in bad positions, opposite a strong artificial or natural light, or when and where the light is not sufficient; copying and drawing very small print, so-called etching, in fact whenever the eye is too long strained in paying attention to very small objects—a predisposition is developed to painful eye-diseases—to short sight and other complaints weakening the eye.

9. There are certain qualities of coal which, like old, dry fir-wood, explode while burnt in the grate, and cause accidents similar to those produced by gunpowder to persons sitting or standing opposite the grate.

10. Accidents to the eyes by scalding with boiling water, by playing with melted lead, are not very rare.

11. Painters, masons, plasterers, labourers, and other persons engaged in the use and application of lime, chalk, mortar, cement, and similar substances, are liable to get these materials thrown into their eyes; quick-lime, or lime before it has been slaked by the addition of water, is one of the most destructive agents which can come in contact with the

surface of the eye. If a sufficient quantity is allowed to remain long enough in contact with the eye, absolute destruction of the part and a slough follows, which fully completes the loss of the eye. Plaster, mortar, lime, and other combinations of lime used for building purposes, differ only in degree from quick-lime in the way they affect the eye.

12. All persons whose occupations oblige them to live in an atmosphere impregnated with animal, vegetable or mineral dust, are liable to inflammation of the eyes—all should use spectacles of plain glass surrounded by a soft substance, which, by adhering to the skin of the forehead, the temples, the upper part of the nose, and the upper part of the cheek-bones, would prevent the dust from affecting the eyes; the greatest cleanliness by washing of the eyes after leaving work is extremely useful.

13. Coal-miners, stone-breakers, sculptors, metal-workers, blacksmiths, are also exposed to injuries of the eyes, caused by small particles of the various materials entering with much force the external covering of the eyes,—perforating wounds and blindness may be then caused;—they are recommended to wear spectacles similar to those mentioned in the previous paragraph.

14. People should be very careful to avoid using any towels, rags, sponges, which are used by any patient suffering from a discharge from the eyes; almost all such discharges are dangerously infectious; there is the greatest difficulty of arresting and curing epidemics of contagious eye-diseases, when they occur in schools, workhouses, workshops, barracks, hospitals, in fact wherever a large number of people congregate. Whenever possible the patients should be separated, individually treated, and whatever has been once used for cleansing the eye from the discharge, should be disinfected before the same towel, rag, sponge, or other material is used a second time;—in fact it is best to burn immediately everything which has been used once for such cleansing purposes.

The accidents which occur through infection by purulent eye-inflammation of various kinds are very numerous; they can and should be always prevented by timely rational medical aid.

15. In all cases of injury of the external or internal parts of the eye, apply immediately for medical aid; it is desirable, till medical advice can be had, that the injured person should at once remain in a reclining or horizontal position; on the closed eyelids apply liquid or cold water compresses (that is—little pieces of old linen rags are steeped in tepid or cold water, and placed over the closed eyelids). The patient soon finds out what temperature suits him and best relieves the pain.

If there is any foreign body visible in the eye, and it is easily removable, it should be done at once, otherwise all should be left to the medical man.

If the injury is caused by lime, mortar, and its various combinations, it is of first importance to remove from the eye every particle of lime as quickly as possible, and thus to arrest any further destructive action of any fragment which may still stick to the external membranes of the eye.

Special attention is required that in these cases no water should under any condition be used for cleaning the eye;—as the water dissolves still more the quick-lime, the heat of the dissolved lime increases, which thus would destroy the eye still quicker. Sweet oil should be dropped immediately into the eye—which is done either by a little paint-brush dipped in oil, or if there is not such a brush at hand, a rag, a feather, a piece of rolled paper are dipped in the oil. The way to apply the oil is to draw up the upper lid and draw down the lower lid at the outer angle, and insert the oil while the patient turns the eyeball towards his nose. Both eyelids may be everted; in this position the smallest particle of lime can be seen and easily removed, either with a small paint-brush or with the rolled up corner of fine rag or paper, or any small soft and round object; before the eyelids are replaced in their normal position and closed, a few more drops of oil should be dropped on the eye and between the lids. A slight stream of tepid water on the front of the eye and on the outward-turned eyelids, will wash away the smallest particle of dust or any other substance.

16. It happens frequently that when one eye is lost by an external injury, that the eyesight of the other is in danger of being lost; this is caused by what is usually called sympathetic inflammation of the eye. In these cases there is only one means of saving the second eye: this is by the *extirpation* or *enucleation* of the first eye, of which the sight has been lost. As many people object to this operation, it is necessary to remind them that they must ascribe to themselves the loss of the second eye by their refusal of the operation just named.

17. Blindness is also frequently caused by the use of so-called wonderful eye-salves, ophthalmic ointments, eye-lotions, and similar medicines, which are used without medical advice, and often change a curable eye-disease into an incurable one followed by blindness.

18. Persons interested in the Society for the Prevention of Blindness, are requested to communicate with Dr. Roth, *pro tem.* Hon. Treasurer and Secretary, 48, Wimpole Street, London, W. Dr. Roth would like to be informed of other causes of blindness that may have fallen under the notice of medical men. Cheques to be sent to the National Bank, Oxford Street Branch, Old Cavendish Street, London, W.

POISONOUS LEAVES.

SOME of our most admired flowers, which we should least willingly banish from cultivation, are associated with green leaves of a very poisonous character. The narrow long leaves of the daffodil act as an irritant poison; the delicate compound leaves of laburnum have a narcotic and acrid juice which causes purging, vomiting, and has not unfrequently led to death. The narrow leaves of the meadow saffron or autumn crocus give rise to the utmost irritation of the throat, thirst, dilated pupils, with vomiting and purging. The dangerous character of aconite, or monkshood leaves, is doubtless well known, but each generation of children requires instruction to avoid above all things those large palm-shaped leaves, dark green on the upper surface. Leaves of coarse weeds provide an abundant quota of danger, but frequently their strong scent and bitter or nauseous taste give timely warning against their being consumed. Of all our British orders of plants perhaps the umbelliferous order contributes the rankest and most widespread elements of danger. The tall hemlock is everywhere known to be poisonous, and it is one of the most abundant occupants of the hedge. A peculiar "mousey" odour can generally be recognised on squeezing the leaves, which are deep green in colour and treble compound, the small lobes being lanceolate and deeply cut. It is said that the mousey smell can be detected in water containing not more than a fifty-thousandth part of the juice. Hemlock is both an irritant to any sore place and a general narcotic poison, producing headache, imperfect vision, loss of power to swallow, and extreme drowsiness, with complete paralysis of voluntary muscles and muscles of respiration. The water dropwort, too, a flourishing ditch plant; the water hemlock, fool's parsley, must be ranked among our most dangerous poisonous plants belonging to the umbelliferous order. The fool's parsley leaves are sometimes mistaken for genuine parsley, but their nauseous odour and darker leaves should prevent this. The nightshade order is another with dangerous and often extremely poisonous leaves. Indeed, no nightshade can be regarded as safe, while the deadly nightshade, with its oval uncut leaves, soft, smooth, and stalked, are in the highest degree to be avoided. Henbane and thorn-apple again, with their large and much-indented leaves, are conspicuous members of the "dangerous classes." Holly leaves contain a juice which is both narcotic and acrid, causing vomiting, pain, and purging. Even elder leaves and privet leaves may produce active and injurious irritation when eaten. With regard to the treatment in cases of poisoning by leaves if no doctor is at hand, produce vomiting till all offending matter is expelled, and when consider-

able sleepiness or drowsiness has come on give strong tea or coffee, and again bring on vomiting; then stimulate and rouse the brain in every possible mode, as formerly recommended.—*Land and Water.*

“DRUNK OR DYING.”

From the report of a recent inquest on a case in which the police had failed to discriminate between apoplexy and drunkenness, it appears that a medical witness remarked, “It was a mistake police officers often made; but the local police had been attending the ambulance lectures, and, he thought, would have been able to distinguish the two.” This would seem to imply that at least one member of the profession expects more than is reasonable to expect from the modicum of information it is possible to acquire in the course of a system of instruction which is rather well-intended than well-advised. If the teaching given by the ambulance authorities were more modest, it would be incomparably more useful. It is not mere surplusage to talk to policemen about the special symptoms of drunkenness as distinguished from apoplexy. Even trained medical men have often great difficulty in recognising the difference between the two states, and, as we know, mistakes sometimes occur even in hospitals. The police should be instructed to treat *all* insensible or drowsy persons as though they were suffering from illness, and to send at once for medical aid. If the case prove to be one of simple drunkenness, the fee for attendance could be added to the fine imposed; if not, it would be only too gladly paid by the friends of the patient. It is inevitable that mistakes should occur if the police are permitted to attempt a diagnosis. We should be glad to hear that the whole system of instruction by “lectures” and “examinations” given under the auspices of the Ambulance Association had been revised, and that instead of the bewildering, because quasi-technical knowledge, it is now desired to inculcate, a few simple principles were laid down with sole reference to the prevention of accidents, until proper aid can be obtained. It is in no spirit of jealousy that we make these remarks. The Ambulance Association might do excellent work, but it has overstepped its province and is ill-advised. This is manifest from the questions set in the “examination papers.”—*Lancet.*

THE KING'S EVIL.

MR. W. PENGELLY, of Torquay, furnishes to *Notes and Queries* the following story of a cure for the King's Evil:—“I was ferried across the Dart on Jan. 17th last by a man about 60 years of age, who had always lived in the same village, on the right bank of the river. He told me that in his childhood he had the

‘king’s evil ;’ and his parents, having tried all the doctors in the district, but without the least advantage, were at length prevailed on to place a dead toad in a silk case, and to cover that with broad tape. ‘This’ said my informant, ‘I put on when I was nine, and I wore it on the pit of my stomach, round my neck, for ten years ; and it made a perfect cure. I’ve to bless the day when I first wore that toad.’”

THE TRADE IN FALSE HAIR.

HAIR has been so ill-treated by fashion that its vitality is now seriously impaired. What with the strain and over-heating due to the blending of the false with the real, the binding, the crimping, the curling, and the dyeing, a vast number of ladies have prematurely lost all or a great part of this graceful appendage of the human form divine. Hence the unwelcome fashion, adopted per force, of wearing short hair, as preferable to no hair, has gained ground, and we hope the refreshing effect of the scissors may repair some of the mischief done. At the same time, the demand for false hair has greatly increased, while the supply has diminished to an extent qualified as perfectly alarming by the West-end coiffeurs. Europeans either will not sell their hair or have no longer any hair to sell ; and the trade has been compelled to travel further afield. The actual supply of false hair for the European markets is now for the most part imported, *via* Marseilles, from Asia Minor, India, China, and Japan. But the hair imported from these countries is almost invariably black, and fails utterly to harmonise with the auburn and golden tints that so well befit a northern complexion. It has therefore been found necessary to boil the hair in diluted nitric acid to deprive it of its original colour, and it can then be dyed to the tint most in vogue. This operation has, however, been attended with considerable danger to the workmen engaged in this new handicraft. Severe coughs, bronchitis, and other accidents were the natural results of the nitrous vapour escaping from the cauldrons used for boiling the hair. This new danger appears to have been first discovered by Dr. Felix, of Bucharest, and the Roumanian Council of Hygiene has issued a circular to all members of the trade warning them of the danger, and suggesting the necessary precautions. These facts fail to harmonise with the poet’s conception that beauty can draw love with a single hair. The demand is for hair by the ton, and it is time to see that in adapting the colour of Eastern hair to Western usages the work should be carried out under proper supervision. We should strongly object to hairdressers indulging in amateur dabbling with dangerous chemicals, especially nitric acid.—*Lancet*.

CORRESPONDENCE.

TWO CORRECTIONS—DEGREES, PALLIATIVES.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—On page 446 of the *Review* for the present month, this statement occurs :—

"With the exception of the University Degrees, no one diploma gives evidence of its holder possessing an average acquaintance with each of the three departments of the profession."

This statement is incorrect, as applied to that of the Royal College of Physicians, of London. The diploma of that College is thus worded :—

"I., A. B., President of the Royal College of Physicians of London, with the consent of the Fellows of the same College, have, under the authority given to us by Royal Charter and Act of Parliament, granted to C. D., who has satisfied the College of his proficiency, our license under the said Charter to practise Physic, including therein the Practice of Medicine, Surgery, and Midwifery ;" to which is added, "that such License is a legal authority to him to practise Medicine, Surgery, and Midwifery, and to Dispense Medicines, but only to those who are his own patients." And it certainly cannot be said of this College that it is "open to the charge of conferring diplomas after an imperfect examination" (p. 447).

2nd. On page 487 of the same number of the *Review* may be found this paragraph :—

"(f.) *Nitrite of amyl* is a better palliative in the paroxysms of angina pectoris than any homœopathically-acting remedy."

Surely this is a broad assertion. I have, in one patient, repeatedly relieved these paroxysms with the 200th potency, the attacks steadily decreasing in frequency and severity, indeed there has not been a recurrence since a slight return about November last. Was not the medicine homœopathic to the disease ?

A gentleman consulted me on the 31st January last for incipient diabetes. The urine was acid, albuminous, sp. gr. 1030, with some renal casts, and an abundance of sugar. There was considerable palpitation, with general nervous debility, which were greatly relieved by *amyl nitrate* 12 and 200. On the 31st July the urine was free from albumen (but contained phosphates), sp. gr. 1025, no casts, and much less sugar. The only other medicine used has been *lycopodium* 12 and 30. The patient now says he feels "quite well."

Faithfully yours,

London, Aug., 1882.

S. MORRISON.

“HAHNEMANNIANS.”

To the Editors of the Monthly Homœopathic Review.

GENTLEMEN,—In your August number, p. 476, Dr. Pope asserts that “the Hahnemannians would have us believe that anything beyond a single dose of such a dilution of the most accurately corresponding medicine is not only entirely unnecessary for the cure of disease, but is distinctly prejudicial to the recovery of the sick.” Perhaps he will favour me with the names of the Hahnemannians referred to. I never yet met with one who claimed that in *every* case a single dose was sufficient; and a repetition of the dose in many cases is enjoined by Hahnemann as *necessary*.

Dr. Pope further says, quoting the *supposed* doctrines of the Hahnemannians, “An abscess; however painful and obvious, must not be opened. All external applications, whether homœopathic or simply warm and soothing, must be regarded as obnoxious.” Where does Hahnemann forbid the opening of an abscess? Where does he forbid the uses of “simply warm and soothing” applications, so long as they are non-medicinal?

Yours, &c.,

4, Highbury New Park, N.
August 12th, 1882.

E. W. BERRIDGE, M.D.

[One of the chief authorities of the so-called Hahnemannians is Dr. Lippe, of Philadelphia. This gentleman, in a series of amusing papers entitled “Fatal Errors,” has repeatedly inveighed against the common practice of repeating a medicine at intervals of time, the duration of which bears a close relationship to the acuteness of disease. The dose is to be given and the medicine is, as it is termed, “to be allowed to act,” and this, for anything that is stated to the contrary, for an indefinite period.

With regard to the opening of abscesses, another Hahnemannian authority—to wit, Dr. Berridge himself—has asserted, in the defunct Anglo-American journal called *The Organon*, “that in whitlow (and by analogy in other cases of suppuration) it is not necessary to evacuate the pus.”—Vol. I., p. 187. Further, I have had brought before me, on evidence which is indisputable, a case of perineal abscess occurring in the person of a medical friend, in which a Hahnemannian was consulted with a view to his opening it at once. This he declined to do, as being unnecessary and injurious; but, on the other hand, in consultation with another Hahnemannian, he seated himself, Repertory in hand, at a respectful distance from the bulging pus, and “inspected the premises.” Having done so, and obtained an account of what few subjective symptoms were present, with the aid of his Repertory, he gave the patient one globule of *croton c.m.*! A night of suffering, such as a rapidly maturing perineal

abscess is well capable of producing, followed ; and when the Hahnemannians appeared in the morning to see how the medicine had "acted," the patient insisted so strongly on being relieved by cold steel that, under protest, they yielded and gave him that relief which, as everyone but a Hahnemannian admits, the bistoury alone can give in perineal abscess. I never said that Hahnemann forbade the opening of an abscess. It is those who style themselves Hahnemannians who I stated were guilty of this folly. Neither does he forbid simple soothing applications. It is the Hahnemannian who objects to *all* external applications. It was Dr. Berridge, who, in the *Homœopathic Review* for December, 1880, in disclaiming the use of any auxiliary, declared that his practice was "distinctively homœopathic and *nothing else*." If so he can never use a poultice as a part of his treatment. This must consist in the administration of a homœopathically acting drug and "*nothing else*."

ALFRED C. POPE.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

DR. M'CONNEL REED.—We scarcely think that you have so far made out a claim on the assistance of persons at a distance in providing a homœopathic hospital for the people of Southampton. When the local effort has assured success, provided a small additional sum is raised—then you may rightly appeal to homœopaths elsewhere—but not before.

Communications, &c., have been received from Dr. DUDGEON, Dr. SUSS HAHNEMANN, Dr. BERRIDGE and Mr. CROSS (London); Dr. GIBBS BLAKE (Birmingham); Dr. BAYES (Brighton); Dr. HAYWARD (Liverpool), &c.

BOOKS RECEIVED.

American Medicinal Plants; an Illustrative and Descriptive Guide to the American Plants used as Homœopathic Remedies. By Charles F. Millsbaugh, M.D. No. 1. Boericke & Tafel. New York.—*Phthisis Pulmonalis, or Tubercular Phthisis.* By G. N. Brigham, M.D. New York: Boericke & Tafel.—*The Homœopathic World—The Students' Journal and Hospital Gazette.—The Chemist and Druggist.—Burgoyne's Journal of Pharmacy.—The North American Journal of Homœopathy.—The New York Medical Times.—The New England Medical Gazette.—The Hahnemannian Monthly.—The Medical Counsellor.—The St. Louis Clinical Review.—The Calcutta Journal of Medicine.—The Indian Homœopathic Review.—L'Art Médical.—Bibliothèque Homœopathique.—Allgemeine Hom. Zeitung.—Homöop. Rundschau, Leipzig.—El Criterio Medico.—Boletín Clínico de Madrid.—Omiopatica Rivista.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYON BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE LONDON SCHOOL OF HOMŒOPATHY.

FOLLOWING closely on the meeting of Congress, which took place at Edinburgh on the 7th of September, comes the opening of the seventh winter session of the London School of Homœopathy. We may congratulate ourselves on the fact that, after this lapse of time, the School is as vigorous as ever, and that excellent work has been done in the way of enabling a very considerable number of practitioners to become acquainted with the principles and practice of homœopathic medicine. Some of these students were already aware of the meaning of homœopathy, and appreciated its value over the old system; but it was at the School that they obtained that instruction which put them in a position to practise on the principle of similars; while others who came, utterly ignorant of the meaning of homœopathy, and only from curiosity, had their eyes opened, and eagerly drank in the teaching offered to them. These were most regular in their attendance at the lectures, and are now practising according to the new system, with enthusiasm and a success they never previously had. Such a result is well worth working for, and we are convinced that every additional year of the existence of the School will find it stronger and more vigorous. In all probability, before the

present session is over, a Charter of Incorporation will have been obtained, and so remove the fears expressed by not a few pessimists, that the School would collapse in no long time. Had it been going to pass to an untimely end, that event would have taken place long ere this.

The comparatively small classes—small, that is, as compared with those of fully equipped schools—must not discourage those who take an active interest in the well-being and progress of the institution. We must not despise “the day of small things.” We must not look for impossibilities, and be disappointed when they are not obtained. We have before now pointed out that in the present state of feeling in the old school towards homœopathy, our classes *must* be small. The reasons for this are obvious on a little consideration. The students can only consist of three classes. 1.—Those attending the other Schools—*in statu pupillari*. 2.—Those who have been recently qualified, and are fresh from their studies. 3.—Those in actual practice. The first class—students at other Schools have, or think they have, enough to learn and work at without taking up an extra subject. Very few will care to thus add to their necessary work, while of those who would wish to come to our lectures, many are afraid, and not unnaturally—albeit we believe quite needlessly—of compromising themselves with their examiners, by having it known that they were attending lectures on the tabooed subject. It is clear then that we can only expect the few who are students in real earnest, anxious to perfect themselves in the knowledge of every means of cure, and determined to do so regardless of consequences. We need not say that such men form a small minority. Of the second class—those who have lately left the Schools and are qualified—the majority, after a four years’ course, are anxious to earn their living, and

cannot afford to devote another year to study. Hence, we cannot expect many of this class. There remains only the third class—those actually in practice. The majority of such are afraid to risk the loss of practice involved in changing the system of treatment they are supposed to pursue. That such a fear always turns out groundless we know full well, but still it exists, and deters men from coming forward to study homœopathy; while those who do not thus fear the result of the search after truth, often find it difficult to leave their work to attend lectures.

We thus see that until the trades-union ban is so far removed, our numbers at the School must be limited, and, therefore, we should look at the matter in a common-sense light, and not be discouraged that our work does not appear more imposing. A class of six or seven attending regularly, with others on the roll who cannot come so constantly, is not to be despised, and is a sufficient stimulus to those who have their heart in their work, and who deem it a privilege to be able to propagate the greatest truth in medicine ever discovered, to persevere in teaching it.

The merits of the School are becoming widely known, and we now have students coming from the Continent and from America, and we ought to have the sympathy and co-operation of all who are really interested in the spread of homœopathy. As nothing in this world is perfect, as no two agree as to what perfection consists in, there will always be cavillers at the work done, and at the way in which it is done. Friendly criticism is always salutary and acceptable, but we would deprecate unfriendly cavilling, as not only accomplishing no good, but as doing a great deal of harm to the cause, and discouraging the efforts of those who are doing their best to teach the students. The teachers can only put their students in what they consider to be the right path, along which they must work their own

way, and if by practice and experience they can improve on what they have been taught, no one will be more pleased than the lecturers themselves. But there can be no doubt that courses of systematic lectures on *Materia Medica* and on Practice of Medicine do materially help the enquirer in commencing the study of homœopathy. Without them, the labour of mastering the subject is a very difficult and slow operation, and it is a very important thing to be able to lighten the task of the beginner, putting him in a high road, instead of leaving him to dig out a path for himself. Many who have had to do the latter have expressed the wish that in their time there had been a School, while nearly all—whether student or practitioner—who have gone through the courses of lectures, have expressed their sense of the benefit they have derived from having their labours much simplified, and time thus saved. Many that we know of have been deterred from doing more than glance into the *Materia Medica*, owing to the magnitude of the work of study required. This now need never occur. We would then entreat all those friends of homœopathy to support the School in as active a manner as is in their power, and if this be done, there need never be the slightest fear of its prosperity and increasing usefulness. We are happy to have to announce that, this year, Dr. PRATER, whose liberality in promoting the good cause is well known, has offered two prizes of £10 each to students attending the coming session at the School, who pass the best examination in *Materia Medica* and in Practice of Medicine respectively.

In the case of the latter, a new feature is to be added, in the shape of a clinical examination in the wards of the hospital, each candidate being examined orally at the bedside, and having to write out one case fully, with the diagnosis and treatment he would suggest, giving at the

same time his reasons for the selection of the medicines. We shall thus ensure that the winner of the prize shall be no mere book learner.

There can be no doubt of the value of prizes as stimuli to work, and we trust that Dr. PRATER's noble example will be followed in subsequent years by others who are able in this very practical manner to encourage the study of homœopathy.

The session is this year to be opened on the 3rd of October by the delivery, by Dr. DUDGEON, of the "Hahnemann Lecture." Dr. DUDGEON's position in the profession, with his well-known deep acquaintance with his subject, renders his suitability for the post apparent to everyone, and we look forward to his lecture as one of the events of the year. On Thursday, the 5th inst., Dr. POPE will open the course of lectures on Materia Medica, with an introductory address on the Definition of Homœopathy; and on Friday, the 6th, Dr. DYCE BROWN will commence the course of lectures on Practical Medicine, with an introductory lecture on Homœopathy.

THE SEARCH AFTER TRUTH.*

By WILLIAM V. DRURY, M.D., M.R.I.A.,

President of the British Homœopathic Society.

GENTLEMEN.—It is my pleasant duty, on taking the chair at this Congress, to return my warm thanks for the honour you conferred upon me last year in electing me your President during my absence in Orkney, an absence that deprived me of the pleasure of being present at the great International Congress, held last year in London under the able Presidency of Dr. Richard Hughes.

My election during my absence, as well as the fact that Edinburgh has been selected as our place of meeting, makes the honour doubly gratifying.

* Being the Presidential Address delivered at the British Homœopathic Congress held in Edinburgh, September 7th, 1882.

There are, however, few pleasures in this life without some alloy, and if from former associations it is pleasant to meet in Edinburgh, yet the remembrance that many old friends, whose memory we cherish, have passed from amongst us, causes pain.

Some of you gentlemen may be visiting this grand old city for the first time, if so it will require much allegiance to the cause that brings us together to secure your attendance here, for you are on classic ground, every spot marked by some event in history, the very houses made famous by the names of their former occupants.

The papers, however, that are to be read, and the names of those gentlemen that are to read them, will serve as a counter attraction, and let me hope that after to-day's business is ended you will not grudge yourselves a fair amount of time to see something of Edinburgh, and whether your taste lies in the direction of historical events or of natural beauty, they will be equally gratified. I know no city to compare with it.

I am not a stranger. I have lived in Edinburgh, and some of my forebears (to use a Scottish word) have played their part here. But I must not talk of ancestors, or you will remind me of a well known saying—"When a man talks much of his ancestors, he reminds me of a potato, or some such root, the best part of him is underground."

Coming down to days that some of us can recollect, I can remember that here I made the acquaintance of Dr. Fearon, Dr. Rutherford Russell, and Dr. Black, the two first, alas, long since passed away, the last happily still amongst us, labouring as steadily and usefully as he did forty years ago, to spread abroad the truths of homoeopathy which he had learned. You know what he is as a veteran; the same fire burned as brightly in the young graduate, when I heard him expounding the principles of Hahnemann's teaching in one of our medical societies to a sceptical, though not inattentive audience.

I can well remember the generous ardour with which those early friends pressed home their opinions, endeavouring to awaken in their fellow students a belief in those doctrines that they themselves had accepted. It was the integrity, honesty of purpose, and thorough reliance in their system, that led me to treat their opinions with respect, though it was not till some years later that, like

Atkin Henderson, Ransford and others, I came to share their convictions.

There is no doubt that at this period a revolution was commencing in the practice of medicine, due to homœopathy, hardly recognised then, and not fully admitted now. Men learned to give smaller doses, and that the lancet might be dispensed with.

After a time it was said that the human constitution had undergone a change. Sydenham had taught the possibility of this, or something akin to it, but there is no doubt that it was seeing cures effected by homœopathy that led men to modify their own doses. Like others, I learned to do with smaller doses than I had been taught to give, and the last patients I remember bleeding were two of Professor Henderson's that one of his clinical clerks asked me to bleed for him. Marshall Hall helped to put bleeding out of fashion by his teaching.

The only positive homœopathic practice that I then adopted was the giving *belladonna* as a prophylactic; the mode of administering this I learned from an allopathic practice of medicine. Lecturing on *Materia Medica* in one of the Dublin schools of medicine, I am unaware that my teaching was further influenced by what I had seen, but I had a very strong suspicion that homœopathy was the law that ruled the action of specifics. At a discussion in one of the Edinburgh Medical Societies, I had said that if those gentlemen who were advocating this new system merely claimed for it that specific medicines (medicines reputed as cures for special diseases, as *bark* for ague) acted in this way, they would have less difficulty in propagating their opinions. Had I myself followed up this opinion to its legitimate conclusion, or had I been fortunate enough to have seen some acute cases treated at the Edinburgh Homœopathic Dispensary, I might have adopted the teaching of Hahnemann earlier. In later years I learned more of the true action of a specific, and that the medicine that cured a disease having a name by which it was recognised, might signally fail at another time in the same complaint, simply because it did not fairly meet the existing symptoms; thus, in this disease, ague or intermittent fever, we may have to deal with chill, heat, perspiration, thirst and other symptoms. The order in which these symptoms come, the predominance of one, and indeed the whole group as it presents itself to our

notice, must regulate our choice of a medicine, and not the name of a disease.

I need not tell this to you, gentlemen, but on an occasion of this kind, as others may wish to know what we do believe, it is necessary to state some familiar facts plainly. This must be my apology now, and throughout this address, when I thus briefly touch on elementary truths.

The want of a hospital was a great hindrance to the early teachers of homœopathy in Edinburgh. The same want was felt later in London, and led to the establishment of the London Homœopathic Hospital. Nearly two hundred years ago a somewhat similar want led to what may be considered as the real foundation of the famous school of medicine that has now so long flourished in Edinburgh.

Padua, Pisa, Leyden, Rome, had each attracted students from other countries, as, owing to imperfect teaching at home, men desirous of studying medicine had to go long distances to enable them to do so. If inconvenient, this had its advantages, as ideas became enlarged and learned men met each other and were enabled to make known their ideas in a way they could not otherwise do, as thought could not be interchanged in those days as it is now.

In 1694, the celebrated Dr. Pitcairn sought to obtain from the Town Council of Edinburgh permission to open the bodies of those who died in *Paul's Work*, and had none to bury them. He complained of the difficulties he had to encounter, and says, "there is great opposition by the chief surgeons, who neither eat hay nor suffer the oxen to eat it. I do propose, if this be granted, to make better improvements in anatomy than have been made in Leyden these thirty years, for I think most or all anatomists have neglected or not known what was most useful for a physician." Pitcairn may have found some difficulty in carrying out this work himself, for we find him connecting himself with Mr. Alexander Menteith, a member of the Corporation of Surgeons, for, as a physician, there may have been some professional obstacles that he could not overcome. Mr. Menteith received permission to carry on his dissections for thirteen years, one of the conditions being that he was to attend the whole town's poor *gratis*, and to supply them with medicines at cost price. The liberality of boards, in the matter of paying their medical officers, seems to have been made much on the same scale as in the present day.

The following advertisement from the *Edinburgh Gazette* of May 8, 1699, is of interest:—"Upon Monday, the first of June next, at the laboratory in the Chirurgeon Apothecaries Hall, there will begin a course of *Chymie* in which all the useful operations and preparations will be performed. The course will continue six weeks, and will be concluded with a short description of the whole *Materia Medica* by Alexander Menteith, Chirurgeon Apothecary in Edinburgh." Fancy our friends Dr. Hughes, Dr. Pope, or Dr. Dyce Brown, in their lectures, compressing Allen's ten volumes into a six weeks' course.

Some of the surgeons of the town were stimulated into action, and they applied for the bodies of still-born children, suicides, and criminals for the purpose of dissection. Their request was granted on the condition that before Michaelmas, 1697, they should have ready an anatomical theatre, where they shall once a year (a subject offering) have a public anatomical dissection, as much as can be shown upon one body. "And if they fail, then these presents to be null and void."

Steps were taken to secure the community from infection. The gross intestines were to be buried within forty-eight hours, and the whole body in ten days.

Mr. Menteith's original plan not succeeding, owing probably to the advantages gained by the corporation, he was given four hundred pounds Scots, about £33 6s. 8d. (a pound Scots being equal to one shilling and eight-pence), as a remuneration.

It was not till 1705 that the want of one recognised teacher was sufficiently felt as to lead to the induction of Mr. Robert Elliot as the first Professor of Anatomy in the University of Edinburgh. On his death, in 1714, he was succeeded by Mr. Adam Drummond, who had associated with him Mr. John Macgill. This Mr. Macgill operated successfully for aneurism in the arm. The operation was witnessed and commended by a young surgeon who had had the best medical training available in those days, and who later on succeeded to the Professorship. This was the first Munro. Interesting as it may be, I cannot follow in detail the growth of the Edinburgh School, but briefly lead up to what has a bearing on the subject in which this Congress is most interested.

The first name in this University that concerns us is that of William Cullen. Not that this great medical luminary

knew anything of the law of homœopathy, but that standing at the head of his profession as a teacher, his works attracted the attention of Samuel Hahnemann. Cullen collected facts, reduced them to order, and elaborated a system of classification that has greatly advanced the study of medicine, though increased knowledge of disease has called for changes in it. Hahnemann went a step further. He tried to find out the cause of some of the things that Cullen narrated, and so was led to the discovery of a great truth of which I shall have to speak again.

Black succeeded his master Cullen in the chair of chemistry in Edinburgh, and by his researches on heat added to the fame of the University. Others followed, the first men of the day being attracted to the celebrated School, but Scotland needed no foreign aid, her own sons were sufficient to sustain the reputation of this great seat of learning. I must not speak of the classical, theological and other teachers who were not behind their medical colleagues, but amongst these last, the names of Gregory, and his famous nephew and son-in-law, Alison, Bell, Syme, Henderson, Simpson, and Christison, are not forgotten. The last, who as a young man made a European reputation by his great work on poisons, and in his dispensatory left a model that it would be well for all writers on *Materia Medica* to copy, has but departed from amongst us, as it were, yesterday. Having been his clinical clerk and laboratory assistant, I was gratified a few years ago, at seeing my old master enter the graduation hall, round after round of applause showed how dear the old man was to his former pupils, and that the younger ones were well aware of how great a man they had still among them.

Time warns me that I must pass on at once to the subject I have selected for my address, "The Search after Truth."

Eighteen hundred years ago, Pilate, the Roman governor of Judæa, asked of One who could have answered him as none other could, "What is truth?" The not waiting for an answer showed what an unreal thing he thought truth was. And yet it is what the wisest and best have craved for. Theologians and men of science in their various departments have striven to detect it. Thousands have perished in pursuit of it, and thousands have perished for it. The man of science has often in

penury and solitude spent long years in searching for it. It has cheered the death-bed of many a dying Christian, who with the eagle eye of faith looked upwards to catch a glimpse of that inheritance of which he knew he was the heir. It is the craving of every earnest-hearted man. And "The land of the leal" has become a household word throughout our land since it has been familiarised to us in the words of one of Scotland's sweet songstresses,—the Baroness Nairn.

"There's nae sorrow there, John,
There's neither cauld nor care, John,
The day is aye fair
In the land o' the leal."

More is needed than desire to grasp, and earnest labour to acquire truth. Many in the search have fallen into the greatest error. It is well ever to bear this in mind, and to remember how easily we may be diverted out of the right path. A truth may be misapplied, and I think it can be easily shown that there are few great errors that are not based on some truth. It may happen that but a modicum of truth serves as a basis on which a huge superstructure of error may be erected; the very presence of a little truth serving as the bait to lure some from the right road.

The very zeal with which a truth is sought becomes a danger, as what is longed for, or expected, is often accepted as a reality on the most slender evidence. Medical men are very apt to go astray, and I believe those who seek to learn the action of medicines by noticing the symptoms they produce when taken by persons in health are no exception. I was much struck by hearing Mr. John Wood say to the students at King's College Hospital, when speaking of an apparent surgical success, "but, gentlemen, one or two cases prove nothing." Caution of this kind goes a long way in preventing error. Some years ago *Sarracenea purpurea* was spoken of as a wonderful remedy for small-pox. Mr. Marson, of the Small-pox Hospital, submitted the medicine to a rigid test. He selected cases, as they presented themselves, that seemed likely in the ordinary course of events to die, some thirty-six in all; in no single case did the medicine appear to check the fatal result. He concluded, and I think fairly, that if the medicine had any of the virtues ascribed to it, it ought to have been of use in some one of these cases.

To look in another direction, what shipwreck some have

made of the study of prophecy by arriving at unwarranted conclusions on a very small amount of what looked like evidence.

Madame de Stael said she did not believe in ghosts, but that she was very much afraid of them. I should think a very trifling circumstance would have given her the belief she said she had not got, and would have very considerably augmented her fears.

Without in any way encouraging scepticism in its ordinary meaning, as wise men, and for the sake of the truth that, as medical men, we accept, we cannot be too careful in requiring the fullest amount of evidence as to facts connected with it.

When a truth that we had not before noticed is opening up to us, there is a great danger of accepting what appears to be a corroboration of it on too slight evidence. My younger brethren will excuse me giving a word of caution on this head.

A gentleman, now many years dead, became a convert to homœopathy. He had occupied a prominent position as an opponent, consequently his change of belief caused some stir. He issued a pamphlet giving an account of what had helped to confirm his opinion. While there may have been more than enough to justify him in the step he had taken, I could not avoid thinking, on reading his pamphlet, that as he grew older he would become less sanguine and would learn that the success he had met with might not always be due to the action of his drugs but to other causes. I do not now say this to censure one who cannot defend himself, but who, had he lived, would no doubt have taken a prominent place amongst us, and probably would have joined with me in warning you against the rock upon which he had run, and on which I have no doubt I myself have done the same.

I can but very cursorily glance at the search for truth in its scientific aspect, and, indeed, only briefly at it in its medical bearings.

By the word truth, as I seek to apply it, I mean the recognition of all known scientific laws, and of all established scientific facts.

Thus, I would say, that when the Atlantic Cable was broken, and lay many hundred feet deep at the bottom of the Atlantic, it was true science that enabled those in charge of the expedition to return to the exact spot to find

it, and then, by the perfection of their appliances, raise it on board the ship, make a splice, and open communications with the shore.

The completion of Telford's suspension bridge over the Menai Strait was in its day a great engineering triumph, as was also the still greater feat of the laying the tubular bridge across the same Strait; the last needing all the skill of Eaton Hodgkinson to make those true calculations as to the strength of the iron, that enabled Robert Stephenson to accomplish the great undertaking that has since then conveyed thousands of trains across in safety.

It was the failure of making true calculations, as well as faulty material, that led to the disaster at the Tay Bridge, and the making of which correctly has saved the light but elegant bridge made by Brunel over the river at Saltash, near Plymouth.

Science has not been equally felicitous in all her branches, though great truths have been developed, and in our day the unrolling of them has advanced at express speed.

Going back to the early history of the world we find the Babylonians laying the foundation of the study of astronomy, mapping out the heavens, naming the constellations, and discovering that there were true and unerring laws guiding all the movements of the heavenly bodies. And yet with all this knowledge that should have led them to recognise a divine head overruling all, how rapidly they sunk into the grossest error, and forgot God, the great Creator.

Again, in those early ages, we find the Egyptians renowned for their learning, yet, like the rival kingdom, accepting the most revolting form of worship, and in the end degenerating from all their ancient grandeur.

Piazzi Smith, the Astronomer Royal of Scotland, has, in his deeply interesting book, *Our Inheritance in the Great Pyramid*, shown how this wondrous structure differs from all other Egyptian buildings; how measurements and calculations may be made from it, that, if his conjectures are right, show, as he says, that either its builder was divinely inspired, or that in those days an amount of knowledge was possessed greater than we now enjoy. It is interesting to know that the calculations of the sun's distance from the earth, based on the information obtained from the pyramid measurements, comes nearer what we now

think approximates to the truth than the measurements formerly given.

Spectrum analysis has opened up a new field of truth. Thus, gases, especially hydrogen, and metals, such as sodium, iron, calcium, magnesium and others have been demonstrated as existing in the vapoury atmosphere surrounding the sun.

By this newly discovered agency, a portion as small as the one five-millionth part of a grain may be detected. To us this is of interest, as supporting what we have so long contended for, that matter was capable of division to an extent of which we could form no comprehension. Ordinary means give us some idea of this. The 5th decimal dilution of musk, or the 100,000th part of a grain, is readily recognised. And when we know that musk will scent a drawer for years, and unpleasantly influence a susceptible person long after the original particle has been removed, we may ask what is the quantity that effects this. Again, what is the quantity of scarlet fever poison that will produce disease? These questions are more easily asked than answered, but it is well they should be thought about. In an interesting paper by Dr. Ramsbotham of Leeds, in reply to a letter in the *Leeds Mercury*, he mentions that "Dr. Burdon Sanderson has discovered in vaccine lymph small particles of less than the 20,000th of an inch in size, and for vaccination to be successful, one at least of these particles must be introduced under the skin." While speaking of the action of small quantities, I may refer to a statement of Darwin's, quoted by Dr. Galley Blackley. "It is," says he, "an astonishing fact, on which I will not here again enlarge, that so inconceivably minute a quantity as one 20,000,000th of a grain of *phosphate of ammonia* should induce some changes in a gland of *drosera* sufficient to cause a motor impulse to be sent down the whole length of the tentacle; this impulse exciting movement often through an angle of above 180 degrees. I know not whether to be most astonished at this fact, or that the presence of a minute bit of hair, supported by a dense secretion, should quickly cause comprehensive movement." (*Insectivorous Plants*, by C. Darwin, M.A., F.R.S.)

Just now electricity bids fair to cause as wondrous a change as the locomotive did in its day. Other agencies, such as compressed air, or compressed gases, may yet compete with steam and electricity in the purposes to which

they are applied. Upwards of forty years ago the late Mr. Kemp showed what enormous power existed in compressed gases. All we then needed, as we still do, was to know how to utilise it.

Geology is accumulating fresh facts, and palæontology is opening up new subjects of interest, the truths connected with which we have yet to search for. Remains of animal life are now found in rocks where they were not known to exist. The traces of *Eozoon Canadense*, found in rocks below the Cambrian, described by Dawson, shows how far we have gone in this direction. The smallness of the brains of mammals of the tertiary period, and of birds of the cretaceous period, has attracted notice. The *Titanosaurus* found in the Jurassic beds of Colorado is another creature of a bygone age to which modern exploration has introduced us. We may be glad not to have this beastie, one hundred feet long and thirty high, wandering at large, unless we could turn his gigantic force to account and make him work. Had he been in existence we could better appreciate the fable of the cock standing in the dark in a stable with horses, who thus addressed them: "My friends, I think we had better stand still for fear of treading on each others feet."

The recent discovery of salt in Cleveland, will be the means of opening up a new industry in that district, thus turning scientific exploration to good practical account.

The recent adoption of a method of storing fodder, practised in parts of France and America, bids fair to be a source of wealth to the farmer in enabling him to supply a greatly increased number of cattle with food. It is called *eusilage*. Trenches several feet deep are dug, and lined with brickwork, cement or concrete. The fodder containing all its moisture is chopped, and buried in these pits or *silos*. The whole is then covered up with boards, felt and earth. When opened the fodder is found to retain its freshness and purity.

It is to be lamented that the discovery of another truth that would largely benefit the farmer is so long delayed. I refer to the best mode of utilising our sewage, as there can be no question as to the fatal mistake of our present system, whereby our rivers are polluted, our health injured, and enormous quantities of fertilising material wasted. Surely it would be better to retain the sewage for the use of the land, even at a present loss, than go on as we are doing.

There are many difficulties that have to be overcome in other directions. Thus, how to restore some beauty to the fields of Lancashire and Yorkshire by getting rid of the tall factory chimneys, while the factories themselves are made more healthy and pleasant-looking to the eye, is well worthy of attention. Hitherto the beautiful has had to give way to the utilitarian. Our efforts should be to secure all the advantages we can from each.

Modern research is everywhere opening up new fields of investigation, in which much truth may be learned. But has the time come for founding systems as if they were undeniably true, on the facts and suppositions that are brought before us from day to day? Embryology is a new study, but already men are jumping to conclusions that they may have soon again to give up. Is this likely to advance truth? I would recall the admonition, "Prove all things, hold fast that which is good."

Let us see how some of these discoveries affect us.

The changes that occur in certain forms of animal life, and these influencing disease, become of importance. Thus the fluke causing rot in sheep, and existing at one part of its career in snails and slugs, is a truth that it is well to know, and may yet be turned to practical account.

Again, the discovery of new forms of microscopic life, capable of inducing disease, leads to greater care. The discovery made some years ago that fermentation was due to vegetable life, has been followed by the recognition of the fact that the germs of animal life floating in our atmosphere may give rise to unhealthy action when they come in contact with open wounds. This knowledge led Mr. Lister, then of Edinburgh, to seek for some means of destroying these germs, and on this his famous antiseptic treatment is founded.

The *Bacillus Anthracis* it is now known produces splenic fever, communicable to man (the wool-sorter's disease). Cattle inoculated with matter containing the *Bacillus* are found to be protected from the disease.

Koch, of Berlin, has shown that tubercle owes its origin to a form of *Bacilli*, and that he can produce tubercle in animals. All this is leading towards inoculation as a preventive remedy, but as it is a dangerous one to experiment with, we can hardly see as yet what practical truth may be developed from it.

I would guard myself from being supposed for one

moment in this to say a word against vaccination. I do not like compulsory vaccination as at present carried out, but of the blessing that inoculation first, and latterly vaccination, has been to mankind, I have not a shadow of doubt. It is hard to say in what direction knowledge is not advancing, and curious facts coming under our observation. Thus it has been for a long time recognised that trees may be attacked with diseases akin to those affecting animals, such, for example, as ulcer and dropsy.

In searching for truth many pitfalls lie around us, one that I would especially say a word of warning about is the being led astray by a great man. Few men are great "all round," but the more we admire the brilliant genius of any man, the greater the risk of adopting his errors. It is very noticeable in politics, it is equally so in religion, and if a great man goes wrong what a number are apt to follow in his wake; hence narrow views, and sectarianism. Medical men are no exception. One man sees something of the same disease in every case he meets. Another wages war against some particular food; another always orders it. But let some leader order patients to a particular locality, and then up springs a host of imitators; yesterday it was a warm dry climate, to-day it is up in the mountains—the wonder is we have not got a limited liability company for an hotel on the summit of Mont Blanc. It is in medicines that fashion is so much followed. A drug that every one is taking at one time will after a run be neglected and then almost forgotten, simply because instead of being given in selected cases it is administered indiscriminately.

This does not advance truth, and is a great evil in allopathic practice, happily it is one but little felt where medicines are selected in accordance with the homœopathic law.

It is interesting to notice how error in one direction will retard the growth of truth in another.

I have alluded to the Babylonians as learned in astronomy. In many ways they were a great nation. Under great difficulties they formed libraries. To convey their ideas they used the cuneiform or wedge-shaped characters. These were stamped upon clay tablets that were afterwards hardened by fire. Learned men of the present day are getting to know much more about this people by deciphering their writing. Notwithstanding their greatness in some things, they had a degraded form

of religion which was an effectual barrier to anything that would emancipate the mind. Their knowledge of medicine suffered as a natural consequence. Sorcery, witchcraft, with all their abominable superstitions took the place of what was true and good, and portents and omens were their guide in difficulties. Thus we read in the prophet Ezekiel xxi., 21 "For the king of Babylon stood at the parting of the way, at the head of the two ways to use divination: he made his arrows bright, he consulted with images, he looked in the liver."

To some minds charms and occult ways have an attraction, but where truth runs counter to these as it must do, it can make no growth till they are cast aside. In the history of Greece and Rome we find there were some men who strove to free themselves from the superstitious belief of the multitude. What happened in religion most probably happened in medicine, for we find some progress made. The names of Hippocrates, Dioscorides, Celsus, Galen, Aretæus, and others, stand out as luminaries lighting up a dark sky, but they lacked that collateral knowledge, and appliances that we have in modern days, which retarded their advance.

The discovery of the circulation of the blood gave a great help to surgery, but it is not till we come close on our own time that many of those aids that we are now perfectly familiar with were discovered. Laennec, wishing to hear the sounds of the heart in a case where he could not conveniently apply his ear, rolled up a sheet of paper into a tubular shape and used it to hear through, this led to his introducing the stethoscope in 1816. It rapidly came into use, but perhaps by none was it turned to better account than by Louis and Stokes. Mistakes have been made with this instrument, but that is the fault of the individual in not understanding better what the stethoscope conveys to him.

Akin to the stethoscope is the thermometer, which tells us some most important truths about disease. Indeed its value cannot be over-rated. It was long suspected that the thermometer might tell us much, but it was not till an instrument was constructed that could be taken away from the patient and read at leisure that what it was able to teach could be turned to good account.

The sphygmograph is one of the latest inventions, and is on its trial. Our colleague, Dr. Dudgeon, has con-

structed one of these instruments that has, I believe, met with a considerable amount of approval.

Other instruments for aiding diagnosis have been introduced, some that have been of much use, and some that are capable of being very mischievously applied.

The microscope has been considerably improved, and has taught us some truths relating to minute anatomy and diseased structure. It was in this city that the first lectures connected with this instrument were given by Dr. Hughes Bennett, a course I attended, and where I had the advantage of making the necessary demonstrations for the lectures.

The discovery of the use of ether as an anæsthetic by Mr. Horace Wells has been the means of relieving an enormous amount of human suffering, and has been of immense help to surgery. The extended application of chloroform by the late Sir James Simpson has also been a great boon to suffering humanity.

Some great surgical truths have been brought to light, and operations are now daily successfully performed that but a very short time ago would not have been undertaken without the greatest trepidation. I allude to ovariotomy. Another class of operations, where the peritoneal cavity may also require to be opened, may be found less formidable than is thought, if they be performed sufficiently early.

Still, with all the advances of modern days, a want has been felt of some system that would at once place the practice of medicine on a scientific basis.

No ordinary practice of medicine supplies this want. The symptoms of a disease, and the course it is likely to run, may be given accurately, but as to any fixed rule to guide the treatment there is none. The only approach to unanimity is where specific remedies are used, such as *quinine* for ague, *opium* for delirium tremens, &c., but a satisfactory explanation of how these act is wanted, and their usefulness in the cases in which they are given is no help as to how they should be used in other forms of disease.

The late Dr. George Gregory's practice of medicine was the standard authority till it was superseded by Sir Thomas Watson's some thirty-five or forty years ago. I once asked Dr. Gregory to allow me to issue a new edition of his book, bringing it up to the requirements of some thirty-two years ago. He very wisely said no, that his book would show what the practice of medicine was in his day, and he would rather leave it so. Sir Thomas Watson's book, followed

by Aitken's, were great improvements on Gregory; they marked a great step forward in improved knowledge of disease, but made no approach to a sound therapeutic law.

Dr. Hodgkin's book on the mucous and serous membranes was an attempt to improve our knowledge of disease, and was followed by Billing's *Principles of Medicine* and Alison's *Pathology and Medicine*. But all these, though clearly pointing to the great want that was felt, and though much appreciated by thoughtful students, failed, as Watson's and Aitken's that came out after them did.

Dr. Hughes Bennett's book was a good attempt in a new direction, but like all the others, it merely helped in making us better acquainted with disease, but the same want of a true law to guide in the administration of medicine showed that it was no real advance, and already the book is dropping out of memory.

The want I speak of must have been often sorely felt by searchers after truth, and by none more keenly than by Samuel Hahnemann, a native of Meissen in Saxony, who, practising towards the close of last century in the neighbourhood of Leipsic, felt so dissatisfied with the unscientific condition of the practice of medicine that he thought of abandoning his profession. Having, however, to provide for the wants of his family in "the battle of life," he had to use his brains to obtain his daily bread. At this time he was asked to translate Cullen's *Materia Medica* from English into German, and reading there an account of the action of Jesuit's bark, or *cinchona*, in ague, he asked himself the question, why does this medicine cure ague? Not knowing how to answer his own question, he resolved to try and find an answer. Happily he sought in the direction of noticing the effect of *cinchona* when taken in health. To his surprise, he found it produced symptoms similar to those it was said to cure. Further investigation showed him that many remedies reputed as cures for different diseases were apt to produce symptoms similar to those they cured. He had found the key that fitted the lock, and the discovery of homœopathy, or like curing like, in the treatment of disease was the result.

It must not be expected that every healthy person taking bark will suffer from symptoms of ague; some may suffer instead from severe congestive headache or other symptoms; medicines do not affect everyone in exactly the same way.

'o, likewise, a number of persons may drink impure milk

or water, only a certain number may in consequence suffer from typhoid or a choleraic attack.

When Hahnemann made his great discovery known it was received with coldness, and is to this day rejected by the larger portion of the medical profession, who still experience the want, the remedy for which is within their reach. It reminds me of what was told at a revival meeting. A ship arrived off the coast of South America in great distress from want of water. Meeting another ship, they mentioned their want; the reply was, "lower your buckets into the sea." They did so, and found they had abundance of what they wanted around them: they were in the track of the mighty Amazon, whose waters are carried out a long distance before they mingle with those of the ocean. Had Hahnemann rested content with the discovery of "like curing like," "*similia similibus curantur*," his doctrine might gradually have made its way, as there was nothing in it to shock the prejudices of medical men. But he laid down a rule that only one medicine should be given at a time. This was not unreasonable, but finding that medicines given in ordinary doses were very apt to produce a group of fresh symptoms while they cured others, he tried the effect of giving smaller doses, and found he lost nothing by so doing. Those who have felt uncomfortable effects from taking *iron* for some time, or who have taken much *iodine*, or been salivated by *mercury*, or had their skin permanently discoloured by the action of *nitrate of silver*, can bear testimony to the fact that medicines can do harm as well as good, and if, unhappily, the harm follows and not the good, as sometimes happens, the giving the smaller dose would be an undoubted advantage.

Once Hahnemann found a small dose answer, he was led on to make a further reduction, and see how small a dose would cure. An allopath may at once exclaim, I cannot believe in this, because I know a certain quantity is needed to produce a certain effect. I cannot induce vomiting with less than a given quantity of *ippecacuanha*. That, I may say, is perfectly true, but you forget our medicines are given on a totally different principle. I do not want to induce vomiting, but I want to allay the sensation of sickness, therefore I give a medicine that I know would produce vomiting in larger doses, and by so doing I hope to remove the feeling of nausea. And it is simply because

illness exists that my small dose acts, it has something to deal with, to which it is hostile; did this not exist, my dose is so small that it would not be likely to produce any deleterious action.

Hahnemann did reduce his doses so much that I think the greatest allowance ought to be made for those who opposed him. In our day it is different. Things are now accepted as truths, that, if believed in formerly, would have made those who let their belief be known candidates for lunatic asylums.

I need not repeat what I have already said about spectrum analysis and other discoveries of our day, but in the face of these what Hahnemann taught about the small dose ceases to be so strange. The simple question at issue is, do the small doses act curatively, or do they not? Thousands of witnesses assert that they do, but thousands of witnesses may believe an untruth; it has been so, and may be so again. We, however, do not rest on mere assertion, we ask our professional brethren to come and judge of these things for themselves. They can witness our treatment in hospitals and dispensaries, and where it can be done I am sure my professional brethren would gladly let an enquirer see something of his private practice. Where those who oppose us hear of cholera, pneumonia, and other serious diseases being treated successfully they lose a golden opportunity of not seeing for themselves whether this is so or not.

Still, I think every allowance should be made for our opponents; we know how hard it was for ourselves to accept what Hahnemann taught, we know that he was not infallible, and that some of his utterances may have been too hasty, though of his general principles we may have no question. We know that in our own body there are divisions; that the very small dose is looked upon with disfavour by some, while those who give the larger doses are very strongly condemned by the small dose men. I may be pardoned for giving my own experience in this matter. I have seen extraordinary results from the small dose, I have seen most gratifying results from larger ones.

At one period of my career my leanings were in favour of the small dose. I tested it fairly, and was satisfied with the results. When suffering severely from illness contracted from a child that died of diphtheria, I was treated with the most minute doses, so that in this I gave hostages

for my convictions. As time rolled on I saw the difficulty that existed in connection with the small dose. A long time was often needed in the selection of a remedy. Some of those who used the small doses went to great extravagances, and things were done that unnecessarily tried the faith of some. Then again there was the danger of not having the confidence that was needed in the way the medicine was prepared, for however upright and careful the head of a pharmaceutical firm may be—and I am proud to say that amongst our chemists there are men of probity and worth in whom we can place the fullest confidence—yet, as any dereliction on the part of a subordinate, either in a homœopathic or allopathic pharmacy (and we know that others may suffer as well as ourselves), may be followed by serious consequences, it is better to avoid the risk of such as much as possible. Preparing our own medicines, or having a guarantee that they are prepared by the heads of firms, ensures safety. But if the same results can be obtained from less highly diluted medicines, the patient, the chemist, and we ourselves are gainers. Anxious to settle this question for myself, I tested different strengths of medicines over a long period of time, and was so far satisfied with results, that though I might in the case of some medicines use them more highly diluted than others, yet on the whole I was quite satisfied with the results obtained from medicines approaching tangible quantities, ranging chiefly from 12 x or 6 to 1 x. I speak of 12 x, but according to the rule in the pharmacopœia, this should be 6. I should have been glad to have made it 12 x in our new edition, but the rule having been adopted it was thought better not to change again. Let me say here that adopting such doses did not lead me to run down the higher dilutions, or say that in the hands of a man like my friend Dr. David Wilson they may not produce great results. But to follow those who carried high dilutionism to the lengths some in this country and some in America had done, I was not prepared to go at any time.

Unhappily for the success of homœopathy, the globule was introduced, and became an abomination to medical men of the old school, and a strain on the belief of the public. It was a mistake. Not, let me at once say, that the globule may not do all that the pilule may do, and I would rather take it than some of the allopathic parvules that are being introduced, but as it was a barrier to the advance of homœo-

pathy it would have been far better to have used powders saturated with tincture as the globules are. It is well, however, to remember that in spite of the objections to the globule, the greatest advance that homœopathy has seen was made while it was in use.

Some of our body made a mistake in crying down tinctures, forgetting, I think, the great secret of what must ever lead to a successful practice, the selection of the right medicine. Admirable cures have been effected by tinctures, pilules, and globules. And as the globules all contain tincture, no man should have been blamed for using which he pleased.

I must now come to a question of the day, the antagonism between practitioners of allopathy and believers in homœopathy.

The size, and form, in which our medicines are given is open for every man to deal with as his judgment may lead him to decide upon doing. The real question at issue is one of simple belief. I claim the right to believe that medicines given on the principle of like curing like is a grand truth, and the safest rule to guide us in their administration. I do not deny that medicines given to effect a certain object, as *opium* to procure sleep, a sudorific to induce perspiration, an expectorant to relieve cough, and such like, may affect a cure by directly counteracting some symptom that is giving trouble—in short, that by an alterative action of some kind, good may result, but that acting on these lines there is much of guess work, that the great part of a man's knowledge must be acquired by personal experience, and that in difficult cases he has nothing to steer by. For holding this belief and exercising the right of private judgment, which every medical man should contend for, I am shut out from societies, I am refused to be met in consultation, and if it were possible I would be shut out from the practice of my profession. Well, gentlemen, we have survived, notwithstanding this treatment, and will, I trust, continue to do so. I quite admit that we may at times be inconvenienced by the opposition we meet with, but rest assured so long as we practise our profession honourably and fairly, we are on the winning side. Our numbers are augmenting, our practice is adopted without acknowledgment, and the bitterness of former days is greatly lessened. Many men refuse now to be parties to

that illiberal feeling that was once so common. A few opponents have still, it is true, much power. One or two men in a town can exercise a considerable influence over others who do not share that ungenerous spirit that animates some men of small minds. A threat from one of these little men to write to the *Lancet* to complain of some colleague who has shown some sympathy with us has not yet lost its power, though it is gradually decaying, and the day has assuredly gone by when any large measure of illiberality could either be carried or desired by the majority of the profession. It is gratifying to know that at Worcester and elsewhere men have been found to rise superior to any unworthy effort, to dictate to them as to the action they should adopt towards us.

Now let me say a word as to our position. If any man adopts a name to enable him to work his way into practice, he is doing what is wrong. The British Homœopathic Society and the heads of our branch of the profession, that hold the belief in the law of homœopathy, have objected most strongly to anyone putting the word homœopath on his door-plate. We claim to be physicians, and to be at liberty to adopt any treatment we think best for our patient. So long, then, as we pursue this line of conduct, we are practising our profession fairly, and if, doing this, others choose to act unfairly towards us, they are the greatest losers, for they expose themselves to the charge of acting from unworthy motives.

Errors have been committed, and rash words uttered by some of us. I have preferred giving up a patient to allowing him to have his own way about taking some auxiliary medicine. I should do so still if there was any attempt to dictate to me, but I would not seek to avoid running counter to the wish of my patient in a matter concerning his comfort unless I felt I was doing him a positive injury by letting him have his own way. Again, if I believed I could benefit my patient by the administration of a drug, homœopathic or not, I should hold myself free to use it.

Some may go much further than others in this, and I should be sorry to restrict any man's freedom, but I feel assured that anyone who fairly understands and believes in the homœopathic law, will think twice before he departs from it. Even in such a case as giving opiates to relieve pain, he will weigh the question whether he may not be

purchasing temporary relief at too high a price. A man must act in such a case in such a way that he has a clear conscience.

Some years ago I treated a case of ranula of some standing with *mercurius*, under which treatment it disappeared. Recently I saw a case where it was not large or of long duration. I had not lost faith in *mercurius*, but I thought that by applying *nitrate of silver* I would obtain the result I desired more expeditiously. I therefore used the caustic. The following day the size was lessened, and in a short time it disappeared. In former years I should have hesitated about departing from homœopathic treatment, but, expecting a result, I felt justified in acting as I did.

Our body is somewhat agitated at this time as to the retention of the name by which we are known. Some are charged with wanting to give it up. I know no one who wants to give up the word homœopathy. I do not know one that does not boast that he is a believer in it. It is the very ground on which we stand, it is identified with our hospitals, our dispensaries, our literature, and our school; therefore, as describing our system, it must be retained, but this expression of my belief does not compel me to give up my title as a physician, and adopt a name that makes me a sectarian. I write M.D. after my name, not homœopath. I think if this question is separated from party feeling, there need be no real difficulty amongst us about it. If I am called a homœopath, I will not quarrel with the man who, for convenience to himself, so describes me. If I am asked about my medical belief, I do not designate myself a homœopath, but I say I am a believer in homœopathy.

I may be asked how are consultations to be carried on between ourselves and those who do not believe with us. I answer, precisely as they are at present. Two allopaths may be diametrically opposed to one another. If they cannot arrange as to treatment, the difficulty is stated to the patient or his friends, who usually decide in favour of the man in whom they have most confidence. Medical men generally have some voice in the matter when a consultation is proposed, and naturally suggest the name of a man with whom they can agree. If the consultation is merely for diagnosis or to settle some question of surgical

interference, it does not matter so long as a good man is called in.

I feel satisfied that by acting courteously and fairly towards our professional brethren, many difficulties will be smoothed over. Above all things I would urge my younger brethren, when called in after another man has been in attendance, be he of our own way of thinking or the reverse, to avoid finding fault with past treatment, or insinuating that, if called in earlier, so much more might have been done. There is a temptation to do this. I regret to say it is often yielded to. It is ungenerous and unwise. Ungenerous because the effort is made to elevate self at the expense of another's discomfiture, and that where the man is no longer in a position to give any explanation; it is unwise because his position to-day may be ours to-morrow.

Even where conscious that a man has made a positive mistake, let us correct it as far as we can, but say as little to his disparagement as possible; we should remember the injury we may do him, and that we are not infallible, and that some of the greatest men in our profession have made some very serious mistakes. In all these matters let us do to others as we would be done by.

The treatment adopted by the rival schools is not so great as it was formerly, there has been a drawing together. I would rather, however, see our opponents drawn to us, than we to them. We are guardians of a great truth; we cannot afford to return into error.

Dr. Sidney Ringer, Dr. Charles Phillips, and others, have wisely introduced many homœopathic remedies to the notice of the profession; it would, perhaps, have been fairer if they had said where they got their inspiration from, but they might not have done so much good. And while believing much that we do, they may not believe enough to justify them in casting in their lot with us; indeed, Dr. Charles Phillips is a deserter from our ranks; but where a man has doubts and misgivings it is better for him to withdraw altogether as he did than hold an uncertain position. As an illustration of how our weapons are borrowed, I may quote from the *Lancet* of August 12th, under the heading, "Hydrophobia treated successfully with *Aconite*," (of the case having been hydrophobia I have more than doubts, but that is not to the point). The writer claims Dr. Ringer's support in the following words:

"To substantiate what I have just said," as to how *aconite* acts, "I cannot do better than quote a few examples from Dr. Ringer's text book. He says that one drop of *tincture of aconite* given at bedtime quiets the distressing fidgets of men and women, and causes calm and refreshing sleep." If the author of the paper will go back to the writings of Hahnemann, he will there learn from the original authority this same fact about the action of *aconite*.

If these men to whom I allude see some of our defects, it may also be urged as an excuse for their not belonging to us.

As lovers of truth you will not blame me for the admission, that there are defects that ought to be remedied. As in religion, so in medicine—we should seek to go on to perfection. This may not be attainable in this life, but it is a grand thing to strive for; it keeps alive hope, and elevates and ennobles our thoughts.

One cause of our failure is that there are a class of cases that are not amenable to any treatment, except palliative, these are cases of organic disease. Whether the discovery of *bacilli* as a cause of phthisis, is to lead to some great therapeutic discovery that may enable us to remove the cause and so prevent or check diseases that have hitherto baffled us, has yet to be seen.

We are blamed at times from the failure of an individual. A wrong diagnosis, a failure to select the right remedy, are not faults of our system, and are such as we share in common with our opponents. But let us look at what may be improved.

We depend upon our *Materia Medica* and our *Repertories* for information about our medicines; the pathogenetic action of drugs when taken by persons in health, and clinical observation being the sources from whence these are supplied.

In making our provings, or ascertaining the pathogenetic action, great care is needed that only genuine medicinal symptoms be noted down, and not those arising from some accidental circumstance. To guard against this danger a symptom should be repeated in different provers, or be different times removed by the medicine that has been believed to produce it, before it can be accepted as reliable.

Where symptoms appear to yield to treatment, and in so doing acquire a position as clinical symptoms, to be recorded to the credit of the medicine given, a thorough

knowledge of what may be called the natural history of disease is necessary, to prevent what may be an improvement to be looked for at a certain stage of the illness, being attributed to medicine instead of the real cause.

When our symptoms are fairly recorded, and we look to our repertories to enable us to pick out the medicine suitable for some case of illness, we usually try to select some prominent, or key symptom, to guide us aright; thus, for example, a patient may be suffering severe pain from peritonitis, which he describes as pain like cutting with knives. I then find that *sabadilla* has this as a prominent symptom. Led by this I shall most probably find that the rest of the symptoms fit in well with this medicine. Not that it is necessarily the best in peritonitis, for you are all too well acquainted with the action of *aconite*, *belladonna*, *bryonia*, and other drugs not to know that our choice is by no means a limited one.

In Hahnemann's time, and for long after it, the means that we now have of investigating disease were unknown. The stethoscope, the thermometer, the laryngoscope, and the proper use of chemical agents, as well as the microscope, were either unknown or comparatively useless as applied to the study of disease; therefore our early provings are entirely deficient in the knowledge to be derived from these helps. Hence arises the necessity for new provings. I am happy to say that the British Homœopathic Society and the Hahnemann Publishing Society are quite alive to this want, as well as to the necessity of excluding all untrustworthy matter from our early provings. As both societies are actively engaged in this direction, let me hope that before another Congress meets each society shall have some substantial work to show. It is to be hoped they will not forget a point that troubles our friend Dr. Allen—the proper pronunciation of the names of our medicines. Is it *gelseminum* or *gel-se-minum*? *podophyllum* or *podoo-phyllum*?—reminding one of the famous trial in Edinburgh of "*Syme versus Lizärs* or *Sym versus Lizärs*," as one of the counsel put it.

I have alluded to our societies, let me say a word about them. When I had the honour of being secretary to the British Homœopathic Society, I had great difficulty in persuading some of our country friends of the advantage of belonging to such a society. If they did not get what they thought was a penny's-worth for every penny of their sub-

scription, they thought the subscription ought to be reduced. Well, what has the Society done, besides serving as a great central rallying point for our branch of the profession? It has published several volumes of its annals. It has published two editions of its *Pharmacopœia*, which have succeeded so well that a third has been called for, the editing of which has been entrusted to my care, and which edition is now, I am happy to say, on the verge of completion, the body of the work being finished and the appendix far advanced. I have to express my grateful thanks to Mr. Wyborn, who has done the lion's share of the work, also to my colleagues, Dr. Hughes and Dr. Burnett for their valuable aid, thanks that I am sure the Society and the Profession will gratefully accord to these gentlemen.

Then again, owing to the sound financial position in which the Society is, it has been enabled to help the sister society, the Hahnemann Publishing Society, largely, so that they have been able to issue the magnificent edition of Hahnemann's *Materia Medica Pura*, which, I may say, serves also as one of the many monuments of the untiring industry of our friends, Drs. Dudgeon and Richard Hughes. I have alluded to the other work that is before these Societies. I can only hope that every member of our profession will see that his name is enrolled as a member of one or both of these Societies.

I have endeavoured, very imperfectly I fear, to touch on some of the great truths of our day, including the one that has brought us together. Like most great truths it has been met with opposition by those who should have hailed it with gladness; in spite of this it has spread over the whole civilised world. In America, where it has had but few difficulties to encounter, it has grown rapidly, as its colleges, professors, and extended literature testify. In this country its growth has been somewhat retarded, as its prejudiced adversaries have had powerful auxiliaries in the red tapeism and fossilised regulations that so often stop progress in our land. Still it has grown, and nearly all our large towns are to some extent provided with medical men who practise in accordance with the homœopathic law. Unhappily there are not enough men to supply the need of the smaller ones. It is the maxim in political economy that a demand creates a supply, and in this case the rule would no doubt hold good, but the

training of our students being in the hands of those that are unfriendly to our system, they can indoctrinate the young beginner in such a way that he finds it very hard to run counter to the teaching of a man he has learned to look up to.

Among all classes of the laity homœopathy has spread to such a degree that there are few families that have not got some of its adherents amongst them; men of the highest intellect placing themselves and their families in the hands of its practitioners.

It is more than fifty years ago since Dr. Quin, who had been physician to the King of the Belgians, and had become a convert to homœopathy, proceeded to Hungary to test the merits of Hahnemann's doctrines in the treatment of cholera. Many of his cases he treated with camphor alone. So great was his success that his statistics ought at once to have convinced those men who were groping in the musty learning of centuries for a remedy that they could not find, that a true mode of treating the disease had been found. Strengthened in his convictions he returned to London and resumed practice, meeting with an amount of patronage that might have satisfied the most ambitious. Belluonimi, Dunsford, Currie, and others followed, and soon homœopathy took a position that its enemies in vain assailed.

The *Organon* of Hahnemann was translated into English by Dr. Streeton, and published in Dublin. This edition has been superseded by Dr. Dudgeon's translation, which leaves nothing to be desired.

In Dublin and Belfast the Luthers acquired large practices. My old friend Woldemar Luther is, I regret to say, the only representative of the family left. I am glad to see that he is present with us to day.

In Edinburgh, as I have shown, Dr. Fearon, Dr. Black, and Dr. Rutherford Russell, introduced homœopathy to their medical brethren, and opening a dispensary, I think to them belongs the honour of being its first teachers in this country, though they wore no professor's gown, nor mounted the rostrum in any established school. They, however, found at least one distinguished pupil, than whom no man in his day bid fair to rise to a higher position. I allude to the late Professor Henderson. His great talents secured him the respect of his colleagues, his success as a clinical teacher endeared him to his students, so that

when he announced his intention of investigating homœopathy, the late Dr. Abercrombie, then at the head of his profession, said, "Well, now we shall see if there is anything in this." Unfortunately, Abercrombie's death prevented our knowing how he would have acted when Henderson was led by his investigations to proclaim his belief in the truth of Hahnemann's teaching. An expression of belief, however, for which he had to pay dear. It is no pleasure to tell the story of persecution, when many that joined in it may have regretted the part they took, and when we have heard that one of the leaders in it expressed his regret on his death bed for what he had done.

Those who wish to know more of the history of what I have so briefly touched on, will find, in Dr. Dudgeon's lectures, Dr. Hamilton's admirable memoir of Dr. Quin, Dr. Luther's *Concise View of Homœopathy*, published without his name, Dr. Sharp's tract, Dr. Burnett's excellent sketch of Hahnemann, and many other books of the same kind, all they may wish to know.

It only remains for me to express my grateful thanks for your patience in listening to this rather long address, to bid you all a hearty welcome to Edinburgh, and to hope that any visitors who may wish to hear the papers that are to be read will come in and out as they please, and to express the further hope that our Congress may be an instructive one, and one that we may be able to look back on with pleasure.

ON THE INFLUENCE OF INFINITESIMAL QUANTITIES IN INDUCING PHYSIOLOGICAL ACTION.

BY CHARLES HARRISON BLACKLEY, M.D.

MR. PRESIDENT and GENTLEMEN,—The possibility of exceedingly minute quantities of matter being able to play any important part in the ordinary functions of nutrition in the animal and vegetable organism, has often been denied by those of our medical brethren who have never taken the trouble to put the matter to the test of experimental investigation. In the case of agents that do not possess the power of growth and reproduction, they have also contended that infinitesimal quantities cannot generate disease on the

one hand, or cure or modify it on the other ; and they say, moreover, that we have never been able to prove, by extra-clinical experiments, that extremely minute doses can alter the activity of any morbid agent.

In the case of the zymotic diseases, they are ready to grant that the dose of the exciting cause may be exceedingly minute, but as we have no means of determining the exact amount of the deleterious agent that the zymotic action may produce, we have, they also contend, no right to assume that it is infinitesimal in quantity in any given case.

In order to show that some of these statements are not in strict accordance with facts, I propose, first, to bring under your notice a portion of the experiments that have been made by one of my fellow-townsmen on the action of the digestive ferments ; secondly, to draw your attention to some of the investigations of the lamented Darwin on the insectivorous plants ; and finally, to notice some of my own observations in another department, and to consider the effect these various researches have in giving support to our belief in the power of infinitesimal quantities. And here it will, perhaps, be well for me to say that I have confined my attention simply to the action of these quantities, without attempting in any way to deal with the principle upon which our section of the profession believe drugs to act in the cure of disease. It is not, however, that I undervalue the importance of the principle of *similia* that I take this course, but simply because the question I have attempted to discuss is quite large enough to occupy our attention in the time we have at our disposal on the present occasion.

It will be remembered by most here, that, in the year 1880, Professor William Roberts, of Manchester, delivered a course of lectures on the digestive ferments, before the Royal College of Physicians of London.* In the admirable and deeply interesting researches detailed in the course of these lectures, Dr. Roberts shows that two main types of digestion go on in the animal and also, to some extent, in the vegetable organism. He also shows that various kinds of ferments are the chief agents in the different processes of digestion. For the immediate object I have in view it

* *On the Digestive Ferments and the preparation of Artificially Digested Food.* By Wm. Roberts, M.D., F.R.S., &c. London : 1880.

is only necessary to consider the action of the ferment termed *diastase* or *ptyaline*, and which is found in the secretions of the salivary glands and the pancreas. The function of this diastase is to act upon the starch which forms so large and important a part of our food. The changes which the latter undergoes when brought into contact with diastase are somewhat complicated, and result eventually in the conversion of the former into sugar and dextrine—two bodies which, in their properties and mode of behaviour with re-agents, are totally different to the starch from which they are derived. It would serve no good purpose for me to attempt on the present occasion to trace out the various changes that starch undergoes in being converted into the two substances named above, but it will be well to notice some of the properties of the class of bodies to which diastase belongs before I go on to consider the quantity of the agent that is needed to produce the changes alluded to.

The known digestive ferments are termed unorganised ferments. "They are," Dr. Roberts tells us, "sharply distinguished from the insoluble or organised ferments, of which yeast is the type, in not having the power of self-multiplication and self-nutrition. Soluble ferments cannot therefore be said to be alive, but they are all the direct products of living cells, and may be regarded as detached repositories of cell force. They are quite unknown in the domain of ordinary chemistry. Their mode of action bears no resemblance to that of ordinary chemical affinity, and has a distinctly physiological character. They do not derive their marvellous endowments from their material substance. They give nothing material to, and take nothing material from, the substance acted upon. The albumenoid matter which constitutes their mass is evidently nothing more than the material substratum of a special kind of energy—just as the steel of a magnet is the material substratum of the magnetic energy—but is not that energy. This albumenoid matter of the ferment may be said to become charged at the moment of elaboration by the gland cells with potential energy of a special kind, in the same way that a piece of steel becomes charged with magnetism by contact with a pre-existing magnet. The potential energy of the ferment is changed into the active form (*i.e.*, becomes kinetic) when it is brought into contact with the alimentary substance on which it is designed to act."

The proportion of diastase that is found to be capable of converting a given quantity of starch into sugar and dextrine is, relatively, exceedingly small. Payen and Persoz had previously estimated that malt diastase was able to change *two thousand times* its weight of starch into sugar. This estimate, however, greatly exceeds the quantity that is really needed. In a very carefully conducted set of experiments Dr. Roberts found that instead of converting only two thousand times its weight of starch, it was able to convert *forty thousand times* its weight into sugar and dextrine. Dr. Roberts describes this as an "astounding result," but marvellous as this is, other experimenters,* he tells us, have arrived at results still more wonderful in estimating the transforming power of malt diastase.

In connection with this part of the subject, Dr. Roberts makes some observations which it is important for me to notice before passing on, because they bear somewhat on a question which has been, and I fear must still be, a vexed question with us, namely, the amount and repetition of the dose. It had been imagined by some observers that the energy of diastase was not consumed in action, but experiment demonstrated that this was not the case. It was found that for every grain of starch converted, the energy of one 40,000th of a grain of diastase was exhausted once and for all. An excess of diastase, up to a certain point, merely quickened the action but did not alter the final result; but an excess of starch always left some of the starch unaltered. If the quantity of diastase was sufficient but not in excess, the change would be slow, and would continue for about forty-eight hours. If, however, the diastase was largely in excess the change would be very rapid. But this mode of action differs entirely from what is seen in the operations of ordinary chemical affinity. If an acid is mingled with an excess of alkali, or an alkali with an excess of acid, the change is instantaneous, and comes to an end at once; "the affinity of the two bodies for each other is a mutual affinity. But this is not the case with the action of diastase on starch. The starch appears entirely passive in the process; all the energy is on the side of diastase, and this energy can only be liberated gradually." Dr. Roberts illustrates his

* Mr. Horace Brown and Mr. Heron.

meaning by comparing the particles of the ferment to a band of living workmen whose function it is to scatter little heaps of stones. If the heaps are few and the workmen many, all the heaps will be scattered at once and the energy of the workmen will still remain, not sensibly impaired. But, if the heaps are millions and the workmen hundreds, and if the workmen are doomed to labour on until they fall exhausted at their task, the scattering of the heaps will go on for a long period, and the process of exhaustion will be a gradual one.

The number of distinct ferments met with in the digestive organs of man is supposed to be at least seven or eight, and it is important to observe that each ferment acts only upon one kind of food. Diastase, as we have seen, acts only upon starch, and the potential energy with which it is endowed becomes active only when this kind of food is present; with all others it is perfectly inert.

If the facts I have cited above stood alone, they would, as proofs that small quantities are capable of inducing physiological action, be of much less value than they really are. They do not, however, stand alone; scientific research is continually revealing to us phenomena that point unmistakably in the same direction. As an example of this, I must refer to some of the researches of the deeply-lamented Darwin, as given in his learned and elaborate work on *Insectivorous Plants*. In his experiments on the digestive action of the secretion of the glands of the *Drosera rotundifolia* he used solutions of various salts, and amongst them *phosphate of ammonia*. Surprised at the smallness of the quantity that sufficed to induce physiological action in the glands of this leaf, he repeated his experiments with every possible care against chances of error. The quantity of *phosphate* was lessened gradually, until he found that one 20,000,000th of a grain was sufficient to produce distinct physiological action in each gland.

In speaking of this, Mr. Darwin says: "The reader will not realise this degree of dilution by remembering that 100 ounces would more than fill a thirty-one gallon cask; that to this large body of water one grain of the salt is added; only half a drachm, or thirty minims, of the solution being poured over a leaf. Yet this amount sufficed to cause the inflection of almost every tentacle, and often of the blade of the leaf." . . . "I am well aware," Darwin goes on to say, "that this statement will

appear incredible to almost every one. *Drosera* is far from rivalling the power of the spectroscope, but it can detect, as shown by the movements of its leaves, a much smaller quantity of the *phosphate of ammonia* than the most skilful chemist can of any substance. My results were for a long time incredible, even to myself, and I anxiously sought for every source of error. . . . The observations were repeated during several years. Two of my sons, who were as incredulous as myself, compared several lots of leaves simultaneously immersed in the weaker solutions and in water, and declared that there could be no doubt about the difference in their appearance. . . . Astonishing as this result is, there is no sound reason why we should reject it as incredible. . . . In fact every time that we perceive an odour, we have evidence that infinitely smaller particles act on our nerves. When a dog stands a quarter of a mile to the leeward of a deer or other animal, and perceives its presence, the odorous particles produce some change in the olfactory nerves; yet these particles must be infinitely smaller than those of the *phosphate of ammonia* weighing the one 20,000,000th of a grain. These nerves then transmit some influence to the brain of the dog, which leads to action on its part. With *drosera* the really marvellous fact is, that a plant without any specialised nervous system should be affected by such minute particles; but we have no grounds for assuming that other tissues could not be rendered as exquisitely susceptible to impressions from without if this were beneficial to the organism as is the nervous system to the higher animals.”*

If I could have done so I should have been glad to notice in detail some of the experiments that Mr. Darwin tried on the effect that a comparatively small dose of the salt had upon the vitality of the leaf—in some cases damaging it seriously and in others killing it outright. As time will not permit, however, I must, with your permission, pass on to notice some of my own investigations on the cause of hay-fever. Those of you that have done me the honour of reading my work on the subject will remember that pollen was shown to be the cause of the malady. In the last edition of my work a chapter was devoted to the determi-

* *Insectivorous Plants*. By Charles Darwin, M.A., F.R.S., &c., pp. 170-78.

nation of the quantity of pollen necessary to produce hay-fever, in those who are sensitive to its action. By a series of experiments, pursued with as much care and precision as circumstances would permit, it was found that the quantity was exceedingly small. In the case of a young patient, kindly sent to me by my friend Dr. Drysdale, symptoms were produced by so small a quantity as the 120,000th of a grain, and in my own case symptoms could be distinctly perceived if one 100,000th of a grain was inhaled in each twenty-four hours. When the malady began to be really troublesome one 40,000th of a grain was found to be sufficient to make it so; and when the disorder had attained its maximum degree of intensity, in the height of the flowering period of the grasses, the quantity inhaled in each twenty-four hours was rather less than one 3,400th of a grain in weight.

But the quantities above-named are considerably in excess of the weight of that which constitutes the active portion of the pollen. A pollen grain is, as you are all aware, a simple cell with granular contents. The cell wall consists of two, and in some cases of three, layers of cellulose, which is, so far as we know at present, perfectly inert. The granular matter is the active agent in the production of the most important of the symptoms, and as this weighs only about half the weight of the whole pollen grain, it follows that the numbers I have given will have to be reduced to one-half. But I go even further than this. You will have seen that the weights given represented what had been inhaled in the whole day of twenty-four hours in each case. Now, in actual practice, it was found that the great bulk of this was inhaled during the ten or twelve hours of active work. It was also found that a single hour's inhalation in almost all cases sufficed to bring on very decided symptoms, often to an unpleasant degree of severity. Consequently, if we make a calculation of the hourly dose that would be taken by a hay-fever patient, we find that for the earliest symptoms of the disorder it would be about the *two millionth* of a grain; for the middle period of the disease there would be about one 800,000th; and for the period of greatest intensity one 60,800th of a grain would be taken hourly.

In the experiments cited above we have various phases of the subject included. In those of Dr. Roberts we have an important function shown to be performed by a rela-

tively minute dose of a normal animal secretion, and it is one of those remarkable examples we sometimes see of the way in which nature economises space or bulk by the increase of power in any given secretion. If the glands had secreted a fluid only capable of acting upon its own weight of starch, we can easily imagine the enormous bulk of gland structure that would have been needed to perform the work of digestion. In Darwin's experiments we find that an infinitesimal dose of a salt of *ammonia* is able to set up physiological action in the glandular leaf of a plant devoid of nervous tissue. We have thus digestion performed and some of the first steps taken towards the production of a digestive fluid by infinitesimal quantities of the appropriate material. In the results of my own investigations, we have quite another phase of the subject presented. Here we find that infinitesimal doses of vegetable matter, having no zymotic properties, are capable of giving rise to a troublesome form of disease.

In some of their properties the *phosphate of ammonia* and the granular matter of pollen resemble the soluble ferments described by Dr. Roberts. With some verbal alterations, the same description will answer for one or the other. The granular matter of the pollen is the direct product of living cells, and may be regarded as the detached repository of cell force. Its mode of action bears no resemblance to that of ordinary chemical affinity, and is distinctly physiological in character. It does not derive its marvellous endowments from its material substance. The granular matter is evidently nothing more than the material substratum of a special form of energy, but is not that energy. The potential energy with which this matter becomes charged at the moment of its elaboration by the vegetable cells, is changed into the active form when brought into contact with the tissue upon which it is capable of acting.

Whilst remembering that the drugs used in Darwin's experiments are not derived from living bodies, the same description would largely apply to them, and I hardly need point out to you that it would agree very closely with that which could be given of the great majority of the substances we use in the cure of disease. It is also one of the most hopeful signs of the times, in relation to the medical science of the future, that a complete knowledge of the specific energy of the drugs used in medicine, as well as of

the specific irritability of the healthy and diseased organism, are beginning to be recognised as absolutely essential to the successful practice of the art of healing.

I pass on now to notice what, to me, appears an interesting phase of the subject. We have seen that infinitesimal doses of the granular matter of the pollen cell can give rise to a distinct form of disease, and it should be borne in mind that this is set up by a body that has no zymotic properties, and that rapidly exhausts the energy it possesses when brought into contact with the mucous membranes of a sensitive patient. Now, this granular matter closely resembles the starch upon which diastase acts in so wonderful a manner, and although the pollens of the various orders contain different accidental ingredients in minute proportions, the great bulk of the granular matter in all of them consists of an amyloid body that gives the same reaction as starch does with *iodine*. The largest granules seem to have an investing membrane similar to that of the smallest starch granules of rice. The smallest seem to be mere specks of protoplasm apparently without investing membrane, and it is, I believe, these that may in some cases penetrate the walls of the capillary vessels, and set up disturbance in the temperature of the body.

It is said that raw starch passes through the digestive organs of the human subject unchanged, and that in order to permit the diastase to act upon it it requires to be boiled. With the starch granules of the pollen it does not appear to be so; at any rate, some change of an important character seems to be effected early on in the process of digestion. I cannot now attempt to give the details of the experiments tried in this direction, and it must suffice to say that I have frequently taken comparatively large doses of pollen without any inconvenience; and the natural inference is that the diastase of the digestive fluids acts upon the granular matter in such a manner as to rob it of its irritating properties. Outside the body the diastase of the salivary glands acts very slowly upon the granular matter. From this it would seem that contact with the living organism ensured a more vigorous action. Now, if it is a fact that diastase can change the constitution of 40,000 times its weight of starch, the quantity that will be needed to operate upon the dose of granular matter that sets up hay-fever will be exceedingly small. It will be

remembered that at the commencement of the troublesome form of the symptoms, one 80,000th of a grain of the granular matter taken in each twenty-four hours was sufficient; and that in the later and most acute stage, one 6,800th of a grain sufficed. If we divide these numbers by 40,000 (the proportion of diastase needed to neutralise the starch) we find that for the commencement of the troublesome form of the disease one 3,200,000,000th of a grain of diastase would be sufficient to neutralise the daily dose of pollen, and that for the most acute stage one 272,000,000th of a grain would be sufficient.

We have thus seen that physiological action in the animal and vegetable organism can be set up by infinitesimal quantities of the appropriate material when endowed with its own specific energy. Infinitesimal quantities when endowed in a similar manner can also set up pathological conditions in the human organism, whilst a still smaller quantity can neutralise the power of that which gives rise to these conditions.

It may naturally be asked if any use can be made of this last named fact. Into this part of the question I cannot enter now, further than to say that the possibility of the discovery of agents that possess that form of specific energy that would enable them, when given in minute doses, to neutralise the action of some of the most deadly of the exciting causes of disease, opens up a great future for the art of medicine. I have, however, purposely refrained from entering upon the therapeutic phase of the question, and have strictly confined my attention to phenomena that are entirely independent of theory. In doing so I have endeavoured to build upon the solid ground of experimental investigation, and in this way I have endeavoured to give a reason for the faith that we have in the power of infinitesimal doses.

DISCUSSION.

The PRESIDENT described Dr. Blackley's contribution as one of a class of papers of great value, in two directions. Looking at the paper from a scientific point of view, it showed that Dr. Blackley was following up a line of investigation which was tending to advance their cause. The more they could demonstrate the effect of minute particles of matter, the more readily could they justify, before medical men, the course they had taken up. They might also take a practical view of the paper; and he hoped it would be the commencement of a series on the subject

of hay-fever, which would lead to much good. (Applause). The discussion would now be proceeded with, and he trusted that the distinguished Americans who were present would take part in it. (Applause.)

Dr. DYCE BROWN said they must all thank Dr. Blackley for his extremely interesting and important paper. He quite agreed with the President that the class of papers to which it belonged was very valuable indeed. The more that these interesting facts, that at first seemed incredible, became known to those who did not give small doses, the more would the public mind become familiarised with the fact of minute doses being successful. He thought that the carrying on of such a series of experiments as those in which Dr. Blackley was engaged, was calculated to lead to great results. (Applause.)

Dr. CARPRAE said that he was not prepared to make any remarks at all, but he could not refrain from thanking Dr. Blackley for his very excellent paper. He agreed with the previous speakers that it was a very valuable one. It was of the greatest importance to get at the facts to which Dr. Blackley had referred. They had already a considerable body of facts bearing on the subject. For example, Dr. Hughes, in his book, showed the extremely small dose of *belladonna* that was required to produce its characteristic action on the pupil of the eye; and they had other facts bearing on the importance of infinitesimal doses that added to their store. He had no doubt that ultimately these investigations would have an important influence in settling the very much vexed question of the dose. He confessed that he had been working in the other direction. It would be interesting to discuss the question as to the neutralising, by *iodide potassium*, of the poison of hay-fever. He was confident that it was one of the most valuable remedies for that disease.

Dr. LUDLAM said that he had only a very few remarks to make. First of all, he had to thank them for their kindness in allowing him to participate in the discussion, and also to thank Dr. Blackley personally for his paper, because it had interested him very much. He liked such confirmations as had been given of what they knew in a clinical way. The observations of Claude Bernard went to show that anæsthesia would stop germination and fermentation so long as the anæsthesia lasted; and that when the anæsthesia was disposed of the processes went on, provided the conditions were what they ought to be. He had thought that other influences besides anæsthesia might be brought to bear on the physiology of plants and vegetables, so as to give us a confirmation indirectly of the possibility of the infinitesimal doses working in a salutary way.

Mr. BUTCHER said it was very interesting to him to hear the idea confirmed that a very small dose—a very small quantity of

an organism—should retain within itself a virtue so great, and also a mechanical energy of such enormous power, as was supposed from the fact that an infinitesimal dose of diastase was able to tear apart the chemical atoms of so large a quantity of starch. In a small amount of diastase there was stored a mechanical energy that might yet be counted as able to lift so many pounds or ounces. It reminded him also of a phenomenon of nature well known, and which had always been of great interest—that was the phenomenon of impregnation—how a single molecule should cause such an enormous change in the ovum in the female body. It seemed to be a case on all fours with the action of the spermatozoa. It was not so much a conglomeration of a certain number of atoms of matter as a reservoir of an enormous amount of potential force. Many particles of that force were wasted in several points, but some one would come in contact with external circumstances which directed that force; and therein they had a wonderful example of a microscopic amount of matter causing an enormous discharge of force. He thought that these experiments, more especially on diastase, might lead them to very wide and useful results, allying homoeopathy to natural science, which he hoped would be the effect of investigations in the future.

Dr. PULLAR, Edinburgh, said he had to thank Dr. Blackley for his excellent paper. He thought with the other speakers that nothing could be more important than placing the doctrine of infinitesimals on scientific ground in the way that this paper tended to do, because it seemed that the whole tendency of modern inquiries was in their favour, showing the extreme divisibility of matter, and that we had to look on matter not as we were accustomed to do, but on its potential influence. They were dealing with a certain kind of matter which the chemist could not now gauge according to the old acceptation of his work. It used to be put, as one of the shallow objections of the critics of the infinitesimal doctrine, that you could not see any particles beyond a certain point with the microscope. He wished to ask Dr. Blackley whether he had heard of some observations, of the reliability of which he knew nothing; but if there was anything in them it was, he thought, a subject worthy of investigation. It was stated that Dr. Jäger, in Germany, had been making some observations with a modification of an instrument used by astronomers, with which they noted the difference between the time they made a particular observation and the time they noted it on the index. That, he believed, was called “nerve time.”

Dr. NANKIVELL asked whether they were right in maintaining that there was that tremendous amount of latent force in minute particles, or in spermatozoa, or in those infinitesimal exciters, that was supposed. Was it not rather the case that the power lay in

the substance under action? Was it not chiefly in the ovum? Was it not a power in the starch already? And was not the effect of the diastase or of the spermatozoa merely to remove a slight hindrance to this molecular change? Here was an illustration. They would be leaving Edinburgh that night. The engine-driver would lift a handle, and the locomotive would go into action; but the power was there already. All the immense latent force that was to take them south or north, as the case might be, lay not in the driver, but in the engine; and his action merely permitted it to come into action under the guidance of certain laws. The action of the diastase enabled the starch granules to pass into the condition of sugar. The development in the ovum could only take place under certain conditions, the principal being the presence of spermatozoa. He thought that if they had such enormous latent power in these stimuli themselves, they should expect that latent power to show itself some way or other besides on the different bodies on which they acted already. He would not speak of it as a power, without the necessary stimulus which enabled the substance acted upon to pass through certain changes. In looking on the action of medicines in the same way, they ought to consider it not as the action of medicine, but the action of the living system in the presence of certain drugs.

Mr. Potts said he apprehended that no one in that room required to be convinced of the truth of the doctrine of infinitesimal doses. He himself became convinced of that doctrine the first week that he commenced to work with homœopathic doses.

Dr. HAYWARD said that his only reason for rising to make a few observations was this, that he heartily approved of the remarks made by Dr. Nankivell. He thought that in his idea of the matter they had a very philosophical aid to the operation of medicines in general, and especially of infinitesimal doses. He believed that the power did not rest in the infinitesimal dose itself; but that it was merely like the engine-driver—the liberator of the power. As to infinitesimal doses, he thought they ought to consider whether their doses were of animal, vegetable, or mineral matters; for he believed that infinitesimal doses varied with these. He believed that an animal substance might be a very much larger infinitesimal dose than some others. For instance, the spermatozoon—a complete animal structure—was composed of a great deal of material, which, broken up, carried the dilution further; but break up the cell, and it was no longer able to produce any operation. The vegetable cell was a complete substance. Take *belladonna*. So long as they had one cell, it would produce its operation, but break up that cell, and it was no more able to do it. But it was different with mineral medicines.

Take a particle of gold or *arsenic*; they might divide and divide it more than they could do with an animal or vegetable substance, and they might still get the infinitesimal dose. He thought that with the vegetable and the animal preparations they must stop a little nearer than with the mineral.

Dr. BLACKLEY, in reply, said he would like to pass rapidly over the various points that had been referred to by the several speakers. With regard to the dose referred to by Dr. Carfrae, he was glad of the opportunity of saying that the question of dose had troubled both his mind and practice a little. His fear in writing the paper was lest it might be inferred that it bore him individually in the direction of the transcendental dose. It did nothing of the kind. It only furnished him with a *locus standi*, or scientific ground, for assuming that infinitesimal doses do act; but, in his own case, he was now what he had been for fifteen or twenty years; he used all doses, but one rule he adopted, and it was that in the dose he gave he kept below the power of disturbing the organism. In doing so, he thought he did all that he required to do. What he claimed for himself—freedom of action—he claimed for every other brother in the profession. (Applause.) But his experience was that they found patients were susceptible in various degrees, and that they would have to use various doses for different patients. He thought it became a matter of the highest importance that they should get to know their patients as well as to know their drugs. Dr. Carfrae spoke of *iodide of potassium*. He had made some experiments with infinitesimal doses of drugs on the living pollen. It was a very difficult matter to get the pollen thoroughly alive, and till they could work it, especially in the case of a busy medical man. With regard to the *iodide of potassium*, it was a very valuable, but he did not think the most valuable of medicines. The *iodide of arsenic* carried the palm so far as his experience went. But the saying was, "Art is long and life is short," and it took a long time to come to safe conclusions. The next point that he felt necessary to mention was that touched upon by Mr. Butcher, as to mechanical energy. He did not know whether it would be strictly correct for them to consider it mechanical energy, and it was a point on which he would not pronounce himself. Still it was an important question for them to bear in mind. Speaking of impregnation, Mr. Butcher referred to the quality of action in impregnating. That appeared to be purely physiological. He had made some preparations showing the pollen dipping into the structure of the plant, and the calculations he had given them would be carried immensely further if he were to make any statement as to the quantity that produced impregnation. It was one of the most difficult problems. With regard to matters being out of the

range of the microscope, he thought that the microscope had more than kept pace and beaten the test tube and balance long ago. He had weighed the one-500,000,000th of a grain, divided by the homœopathic method of preparing the dilutions, but that did not represent anything like the distance that they should go some day. Others had carried on observations that would put that completely into the shade. He had read something about the chronoscope, but he did not know how it could be brought to bear on the subject they had in hand. It was an exceedingly interesting subject—the measuring of time that occurred between the perception of a phenomenon and the registration of it. There must be some time occur in the passage of the sensation of the eye and nostril and the transmission of that into motion by the hand. With regard to Dr. Nankivell's remarks, there was one thing he would mention in regard to the question: Were they right in assuming the whole of the power to rest in the diastase? He thought they were; but they had to take another thing into account, and that was the irritability of the substances on which it acted, especially as to the living action. Some were susceptible of one drug and some not. They could not poison a rabbit with *belladonna*, but how different was it with a human being; and they must take that irritability into account. Dr. Hayward touched upon a very important point, to the effect that what made up a vegetable cell was much larger than what might act in the case of other substances. Well, it so happened that some of our vegetables—at all events, some of our animal or vegetable productions—were infinitely smaller than any particle that they could produce by any preparation in the metals. In order to show that he needed only to refer to the investigations of Dr. Drysdale, and they would find that some of the monads in the earliest germ form were so infinitely small that, working with the highest powers of the microscope in this country or in any other, they could scarcely be distinguished. He had heard that in Dr. Ludlam's country they had succeeded in bringing out a glass of higher power than was to be found here, but he had heard of no results with it. But even with the highest powers, some of these monads made only a mere nebula under the microscope. Whether they could yet be followed up it was impossible to tell, but they could not go farther in the meantime. He had to thank the meeting for the extremely kind manner in which they had received the paper.

REVIEWS.

American Medicinal Plants: an Illustrative and Descriptive Guide to the American Plants used as Homœopathic Remedies; their History, Preparation, Chemistry and Physiological Effects. By CHARLES F. MILLSPAUGH, M.D. New York and Philadelphia: Boericke & Tafel. No. 1.

THIS is the first instalment of a work, which promises to be one of much interest. Its principal feature is a coloured drawing of each plant, and minor sketches of those parts which are most characteristic of it. The drawing is excellent, and the colouring very life-like and natural. The text, which accompanies each illustration, gives a botanical description of the plant, its history and habitat, the part used in medicine, the mode—*i.e.*, the author's mode—of preparing the tincture, which is invariably by maceration, the chemical constituents, where these have been ascertained, and finally the physiological effects. These are given very briefly and concisely. For example, the account of *iris versicolor* in this respect is as follows:—

“*Iris* acts powerfully upon the gastro-intestinal tract, the liver, and especially the pancreas; causing burning sensations and a high state of congestion, as proven by *post mortem* examinations of animals after the exhibition of the drug.

“It is an excitant of the salivary and biliary secretions, being therefore an excellent remedy to be thought of in ptyalism and obstinate constipation.

“The gastro-intestinal effects are profuse acid vomitings and frequent watery evacuations, the latter accompanied by severe colic and burning. Upon the nervous system its action is marked, as shown by the severe toxic neuralgias of the head, face and limbs.”

Scarcely accurate in all points, such a description of physiological effects, were it perfectly correct, would be of little if any service in enabling us to prescribe *iris* homœopathically. The botanical account of the several plants is very clear, and will greatly assist the student in his study of each; while the drawings are such as will enable him to recognise a specimen without any difficulty.

What Dr. Hamilton accomplished thirty years ago for the *Materia Medica Pura* of Hahnemann, Dr. Millspaugh is endeavouring—and that most creditably—to do for the indigenous medicinal plants of the United States.

MEETINGS.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE Annual Congress of British Homœopathic Practitioners took place in the Windsor Hotel, Edinburgh, on Thursday, the 7th September.

The chair was occupied by Dr. Drury, Bournemouth, the president. There were also present—Dr. Bryce, Edinburgh, vice-president; Dr. Biggar, Cleveland, U.S.A.; Dr. Dyce Brown, London; Mr. Butcher, Windsor; Dr. Blackley, Manchester; Dr. Carfrae, London; Dr. Washington Epps, London; Dr. Gibson, Stirling; Dr. Hayward, Liverpool; Dr. Kennedy, Newcastle-on-Tyne; Dr. Luther, Belfast; Dr. Ludlam, Chicago, U.S.A.; Dr. Moore, Liverpool; Dr. Madden, Birmingham; Dr. H. Nankivell, Bournemouth; Dr. Purdom, Newcastle-on-Tyne; Dr. Alfd. Pullar, Edinburgh; Mr. Potts, Sunderland; Dr. T. Simpson, Liverpool; Mr. Stephens, Cannes; Dr. Sutherland, Edinburgh; Dr. Williams, Clifton; Dr. Walter Wolston, Edinburgh; Dr. Wielobycki, Edinburgh; Dr. Hardy, Glasgow; Dr. T. P. Simpson, Glasgow.

The proceedings of the Congress were opened by an Address from the President, which appears at page 577 of our present number.

At the close of the Address,

The PRESIDENT said that he had received a letter from Dr. Yeldham, London, expressing regret that he was not able to be present with them. Dr. Roth and others also expressed the same regret. Dr. Hughes, of Brighton, telegraphed as follows: "Best wishes for success of Congress, from one who grieves he cannot be there." He was sure that all would regret the absence of Dr. Hughes, as well as that of many others. (Applause). He was quite distressed that some of their old friends were not with them, but he supposed that the meeting of the Congress being held so far north had prevented them attending. Dr. Blake had telegraphed—"Sorry I cannot be at the Congress. Obligated to return from Aberdeen Monday. Hope to welcome next year the Congress to Birmingham." Dr. Burnett, London, telegraphed—"Serious illness in my own family compels my absence from the Congress, and my regret is all the greater because I regard Edinburgh as the cradle of our reform in these Isles." He was sure that they all regretted the absence of these gentlemen.

Dr. WALTER WOLSTON, Edinburgh, said that he had recently met Dr. Guernsey, of Philadelphia, who expressed his regret that he could not be present at the Congress, and desired his very kind remembrances to be mentioned to his assembled brethren. (Applause).

The PRESIDENT then delivered the Address, which will be found at page 577. At its conclusion.

Dr. MOORE, Liverpool, said that before the business of the meeting was proceeded with, he thought that their first duty was to return their very hearty and cordial, he might say, united thanks to the President for his very able Address. (Applause). After expressing his high appreciation of the Address, Dr. Moore moved—"That the cordial thanks of the meeting be given to Dr. Drury for his valuable Address." (Applause).

Dr. BRYCE, Edinburgh, said he had very much pleasure in seconding the motion that a vote of thanks be given to the President.

The motion, which was supported by Mr. Potts, of Sunderland, was cordially agreed to.

The PRESIDENT said he was deeply indebted to the meeting for the kind expression of their thanks. He was afraid that he had trespassed too much on their time. He came there with a feeling somewhat of terror, but he had the consolation that he was like the clergyman who had the great advantage over his hearers in that they had no power of reply. (Laughter and applause).

INFINITESIMAL QUANTITIES.

Dr. BLACKLEY then read a paper *On the Influence of Infinitesimal Quantities in Inducing Physiological Action*. This paper, followed by the discussion to which it gave rise, will be found at page 604 of our present number.

At the conclusion of the discussion the members were very handsomely entertained at luncheon by Drs. Bryce and Wolston.

On re-assembling, the report of the Hahnemann Publishing Society was first taken.

Dr. HAYWARD (Secretary) said that a meeting of that Society had been held the previous evening, and by adjournment that morning; and it was stated that since last meeting the Society had published two very important works, the two volumes of the *Materia Medica Pura* of Hahnemann, translated by Dr. Dudgeon and annotated by Dr. Hughes, and that it had in hand a revision of the *Materia Medica*. It was agreed that an appeal should be made to the Congress for funds to meet the cost of bringing out this revision. Dr. Black and the British Homoeopathic Society had each promised £25 towards this object, and it was hoped that their colleagues would assist in the prosecution of the work. It would be a handy volume, containing about twelve of their best medicines, and would be published at about 10s. He said that at the last annual meeting it was unanimously agreed that the comprehensive character of Allen's *Materia Medica* involved the collection of

doubtful symptoms and numerous repetitions. It was, therefore, no substitute for the *Materia Medica* of the Hahnemann Publishing Society, in which only reliable symptoms were given, and that in natural groups. It was, therefore, unanimously resolved that it was most important to proceed with and push forward the work of the Society, and to publish their material in a more convenient form than they had done hitherto; it was also resolved that it should be brought out in a neutral form, one not objectionable to so-called orthodox practitioners, in order that they might be induced to purchase and use it. It was mentioned at the meeting that during the year there had been much correspondence and discussion between Drs. Black, Dudgeon, Hughes, Hayward, and others, as to the form the work should assume; and it was agreed that it should provide a pathogenesis, a *Schema*, and clinical information—that was, that there should be a collection of all provings, poisonings, &c.

After some discussion, the following resolutions had been adopted for presentation to the Congress for discussion, namely: “That the *Materia Medica* to be published by the Homœopathic body shall be such as to meet the requirements of both students and practitioners, by supplying the following essentials:—

“(a.) It shall provide a collection of pathogeneses in the way of provings, poisonings, &c., and these shall be corroborated by post-mortem results wherever possible.

“(b.) It shall provide an interpretation of these pathogeneses, by way of commentary on the general and topical action.

“(c.) It shall provide a *Schema* of these pathogeneses on the different organs, with indices and concordances.

“(d.) It shall furnish clinical confirmations of the general and local operation of each medicine by means of clinical cases or cures.

“(e.) It shall have a neutral title, such as *A Physiological and Therapeutic Materia Medica*.”

In conclusion, Dr. HAYWARD said he had received the above statement from Dr. Hughes as the proposal of the British Homœopathic Society.

Dr. MADDEN said he thought they should let the British Homœopathic Society do as much as they thought proper, and they should supplement their work if necessary.

Dr. CARFRAE said he thought they should have the most complete work, viz., that suggested by the Hahnemann Publishing Society; and he did not see the necessity for any other. The larger would include the lesser.

Dr. NANKIVELL said that the British Homœopathic Society seemed to press the most important point of all, and that was a collection under each medicine of all the original provings, poisonings and post-mortem examinations. That must be the

basis of any *Materia Medica*, and that was what they ought to have had all along. He took it that the British Homœopathic Society wished to add a *Schema* of the whole. He believed that if the pathogeneses were thoroughly well indexed and brought together at the close of the pathogeneses, they should be able to get on without printing the *Schema* at all. He thought that the index would take the place of the *Schema*, and refer the reader back to the symptom that he needed ; and not only so, but to the symptoms that grouped themselves round a particular case. He felt that to get at all forward in their scientific treatment of disease by applying the law of similars thoroughly and philosophically, they had to treat the symptom as it appeared, as well as the surroundings of the case of poisoning and proving in which it occurred. He thought that if the work were well indexed, it would serve the purpose required ; and he was quite sure that their interest in the *Materia Medica*, with such an arrangement, would be increased a hundredfold. It was impossible to get up an interest in a *Schema* ; it was a sort of Chinese puzzle. If they had the symptoms in the pathogeneses, they would be part of the story, and the interest in the whole would be much greater, while the treatment would be more successful. He would say, let them have no *Schema*, but a thoroughly good index. If they had that, he thought they might find the British Homœopathic Society and the Hahnemann Publishing Society at one in the matter.

Dr. BRYCE said he wished to know what kind of index would be proposed. It appeared to him that, if they had an index, the whole of the pathogeneses must be repeated. The advantage of the *Schema* form was that they had it arranged according to the different localities and organs of the body ; but in an index they had it in a scattered and indefinite form, and not so ready at hand.

Dr. NANKIVELL said that the index would be in the *Schema* form. The anatomical portions of the body would form the basis of the index instead of giving the whole symptoms in the *Schema*. He knew that Dr. Drysdale approved of groups of symptoms, all that appeared together being grouped together in one single paragraph.

Dr. BLACKLEY said that, like all of them, he had no doubt found the necessity of having the provings given in much the same way that they would get up a picture—that is, having the symptoms grouped in the regular order of their occurrence. It had been always a difficulty to go to the *Schema* to seek out and to determine, without knowledge gained in other ways, the way in which the symptoms had occurred ; but the selection of a medicine depended on the order in which the symptoms occurred. The *Schema* as they had it at the present day

resembled portraits of the different races, rendered by cutting off the ears and noses and putting them all in a group together. Now, if they could only secure the provings as they occurred in various individuals, instead of cutting them up into a *Schema*, they would accomplish a great thing. They could afterwards go to the *Schema* if they wished.

The PRESIDENT said that as he understood it, the British Homœopathic Society would supply the provings, and the other would supplement it, giving the whole history of the drug and everything about it.

Dr. HAYWARD said that the proposal was that their *Materia Medica* should be a complete *Materia Medica*.

Dr. MADDEN asked if there had been any estimate of the number of volumes it would make, and the number of bookshelves that would be required to hold them. (Laughter.)

Dr. HAYWARD said that of course the *Materia Medica* would include all the medicines. He maintained that it need not be one half the size of that Allen had given them. He had given them ten volumes, and only in *Schema* form; it was now proposed to produce a more useful and reliable work in half that number of volumes.

Dr. HAYWARD having again read the proposals,

Dr. MOORE moved that the *Schema* be left out. The symptoms were very often misleading, but here they were going to try to do something intelligent, and something that would be understandable by the ordinary professional mind. He would move—"That *a*, *b*, and *c* be adopted, that the *Schema* be omitted, and that its place be supplied by a full index."

Dr. NANKIVELL seconded the motion.

Dr. DYCE BROWN moved as an amendment—"That the *Schema* be added."

Dr. HAYWARD seconded the amendment. He said that in many cases the circumstances were to be found by the *Schema*, and by the *Schema* only. Take a series of provings and a series of pathogeneses, such as they might have in a volume. A person would come in complaining of a peculiar headache, and you wonder whether *belladonna* produces it. You turn over the *Schema*, and under the "head" you will find a peculiar headache that *belladonna* produces, but you don't find the one you want. Must you read all the provings while your patient is waiting?

Dr. MOORE: But the index would show that.

Dr. HAYWARD: Then it is a *Schema*?

Dr. NANKIVELL: It is a *Schema*, but refers to the pathogeneses, and is not a *Schema* only.

Dr. MOORE said that Dr. Hayward forgot that the *Schema*

would double the size of the book. Their great object was to keep the thing within readable compass.

Dr. BRYCE said he thought that the great objection to the *Schema* was that they had the provings by one man, then by two, three, eight, or ten men. The proposal of the Hahnemann Society was to take what was right, and not to take the provings of six or eight men, and that would not be a long matter. It did not appear to him that the British Homœopathic Society would make such a large number of volumes after all. With regard to the *Schema*, a patient might come in with no complaint except in the head or abdomen, and the practitioner wished to refer to the *Schema* at once. He did not see that they could make an index to overtake that.

Dr. DYCE BROWN said he thought that if the thing was to be made complete it should be so, even although there might be a few volumes extra. That would be much better than having things half done. (Hear, hear.)

Dr. CARPRAE said that the first question was whether they would have a *Materia Medica* of the British Homœopathic Society or the one of this Congress. If they decided first as to that, then they could decide the other question.

The CHAIRMAN said that the proposal of the British Homœopathic Society merely referred to the proving of the drugs. If that was done it would be a very important thing. He understood that the Publishing Society would give again what was given by the British Homœopathic Society. He thought it would be better to let the British Homœopathic Society give the provings, and the Hahnemann Publishing Society to do the remainder. As regarded the *Schema* he must say that he should be sorry to see the work without it. It would be a different thing from what they had had hitherto. Where a certain effect was observed once it might be noted, and where it had been observed six or seven times it might be noted as such. He would now put to the vote the amendment proposed by Dr. Brown, "That the *Schema* be given as proposed."

On the vote being taken, eight voted for the amendment and eight for the contrary opinion.

The CHAIRMAN having been asked to give his casting-vote, he said he would give it for Dr. Brown's amendment in favour of the *Schema*. He said that he did not like giving a casting-vote; but he knew that Dr. Bryce, who was temporarily absent, would have given it in favour of the amendment.

Dr. HAYWARD said that the only other question that now arose was as to the title of the book. The object was to bring out a complete *Materia Medica*, one that would fill the place of all the *Materia Medicas* that had been published. That might appear rather ambitious, but it could be done. They knew that much

of their material—the material of the homœopathic body—was taken and made good use of by those who said that there was nothing in homœopathy. Of their *Materia Medica*s that were published, Dr. Hughes' *Pharmacodynamics* had gone through three or four editions, and a great many more had been sold than there were homœopaths to buy. Of course they were purchased by the allopaths. Hughes', Phillips', and Ringer's *Materia Medica*s showed the rising taste for these works, and their own *Materia Medica* ought to take the place of the three. If they ticketed it as homœopathic it would not do. The profession would say, "We don't want that, we want Ringer's." But let them drop the name, and give it a title that would not be objectionable, and then it would be bought. They would read it, and by-and-by become homœopaths. He would suggest that they should entitle it, *A Physiological and Therapeutic Materia Medica*.

Dr. WILLIAMS asked if the work would be published by the Hahnemann Publishing Society.

Dr. HAYWARD said that it might be published by a neutral firm.

The PRESIDENT asked who the work would be stated as by?

Dr. HAYWARD said it would not be necessary to state that it was by any one in particular. The author's name would be on each paper that he wrote, and it might be published by Lewis, of London. It would go into his lists, and would then pass through the world as *The Physiological and Therapeutic Materia Medica*. He had read a letter that morning from Dr. Drysdale, in which he said that, after all, *Materia Medica* meant "matter medically," so that the "Therapeutic" would be superfluous, and "*Physiological Materia Medica*" would be quite sufficient. He did not know that it was necessary to settle the title at present, further than that the Congress approve of a neutral title.

Dr. DYCE BROWN said there was a great deal to be said for a neutral title; but he thought that to do justice to themselves and to Hahnemann, they must introduce his name in a proper way—such as, *The Materia Medica* compiled under the auspices, or compiled by the Homœopathic Congress; and then distinctly state in the preface that they owed to Hahnemann this method of investigating medicines, and of bringing before the public the pure action of medicines. He thought this would satisfy all.

Dr. NANKIVELL said that he was going to say very much what Dr. Brown had said just now. It appeared that publishing a volume was a sort of venture; they were going to try to put salt on the allopaths' tail (laughter); and it was a question whether they would succeed. If they did not succeed, and if they did not put the name on the title, they knew who would have the laughing side. If they were to have a *Schema* let

them acknowledge the principles of the man to whom they owed the work.

Dr. CARFRAE said that his feelings were very much the same as those that had just been expressed. If they took up any book on any subject at all that they wished to make their guide, the first thing they did was to look at the title page to see who was the author, and whether he was a reliable guide. But if it was simply a *Materia Medica*, there were so many calls on one's time, that his first impression would probably be to put it aside; and, besides, he would like to know whose *Materia Medica* it was. He thought it would be rather shirking their principles if they were not to say, "Published by the Hahnemann Publishing Society." He thought that they ought to give prominence to the source of this *Materia Medica*. They need not call it a *Homœopathic Materia Medica*, but they might say "Published by the Hahnemann Publishing Society," and let the preface give honour to whom honour was due. He thought they could not too prominently bring forward the truths which they maintained, and if this proposal was a success it would put the matter on a proper basis.

Dr. WALTER WOLSTON asked who would be the responsible editor?

Dr. CARFRAE said that there would be a publishing committee.

Dr. BIGGAR said he thought, as the last speaker had said, that it was well to have some person who would be responsible with regard to the work; and while they, as homœopathic physicians did not wish to say in every instance that they were homœopathic physicians, still they believed the doctrines of homœopathy; and if they were making such inroads, let the work be published by the Hahnemann Publishing Society. With regard to the title, it should be as concise as possible, and it might be called *The Materia Medica of the British Homœopathic Congress*.

Dr. WALTER WOLSTON said that it might be published by Lewis under the auspices of the Hahnemann Publishing Society.

Dr. DYCE BROWN said that probably he would not do that.

The CHAIRMAN said that Dr. Hayward wished a vote taken as to whether they should have the Hahnemann Publishing Society appearing on the title-page.

On a show of hands being taken, fourteen voted for the name appearing on the title page, and four against it.

The CHAIRMAN declared the proposal agreed to.

Dr. DYCE BROWN said he supposed it was understood that there would be a special preface.

Dr. HAYWARD said that there would be a general preface. He did not know, however, that they could make a better preface than that they had.

Dr. DYCE BROWN moved "That a historical preface should be added, in which it is distinctly stated that we owe to Hahnemann this method of discoveries in the action of medicines, and the mode of laying them before the public."

Dr. WILLIAMS seconded the motion.

Dr. CARFRAE said he thought that the proposal was superfluous. There must be a preface, and, if they had confidence enough in the men who published the book to allow them to work out all the rest of it, they might trust that they would not omit to give proper honour in the preface. While he agreed with the principle, he thought the proposal was quite superfluous.

Dr. DYCE BROWN said that what they wished specially was that the kind of preface to which he referred should go in.

Dr. MOORE said he would give notice at the next meeting that the Hahnemann Publishing Society be called the Homœopathic Society.

Dr. CARFRAE moved, "That the preface be left to the Hahnemann Publishing Society."

Dr. BLACKLEY seconded this motion.

On a show of hands thirteen voted for the motion, and six against it, and it was agreed to leave the preface to the Hahnemann Publishing Society.

PLACE OF NEXT MEETING.

Dr. NANKIVELL moved that the next place of meeting be Bournemouth.

This was seconded by Dr. MOORE.

Dr. MADDEN proposed Birmingham, which was seconded by Dr. BLACKLEY.

Dr. HAYWARD, seconded by Dr. BRYCE, proposed Matlock, and it was eventually agreed that Matlock should be the next place of meeting; and that the Congress should be held on the second Thursday of September, 1888.

ELECTION OF PRESIDENT.

The election of President for next year was then proceeded with.

On the voting papers being collected,

The PRESIDENT said he had the pleasure of announcing that their choice had fallen on their friend, Dr. Blackley. (Applause.)

Dr. BLACKLEY said he was exceedingly obliged for the honour they intended to do him, but felt obliged to decline it, on the ground that his time was so completely occupied with a series of researches on which he had been long engaged, that he would be unable to do that justice to the office which he would wish to do.

Another vote was then taken, when the PRESIDENT announced

the election of Dr. Moore, of Liverpool, by an overwhelming majority.

Dr. MOORE returned thanks in appropriate terms for the honour that had been done to him, and said that he would endeavour to the best of his ability to perform the duties of the office.

Dr. WALTER WOLSTON moved that Dr. Hayward be appointed to the office of Vice-President.

Dr. DYCE BROWN seconded the motion, which was carried unanimously.

The General Secretary (Dr. D. Brown), and Treasurer (Dr. E. Madden), were re-appointed.

Dr. WOLSTON then proceeded to read a paper on a case of Nephritis, which, together with the discussion, we hope to publish next month. This was followed by a paper on the Periodicity of Certain Diseases by Mr. Butcher, of Windsor, which we purpose publishing in our next number.

A cordial vote of thanks to the President brought the proceedings to a conclusion.

THE DINNER.

At six o'clock the members and their friends dined together in the Windsor Hotel. The President (Dr. Drury) occupied the chair, and Dr. Bryce (Edinburgh) the vice-chair. In addition to the members of the Congress, several friends were present, among whom were Mr. Futvoye, of Bournemouth, the Rev. Mr. Gordon (Edinburgh), Councillor Boyd, Mr. Henderson, &c.

The PRESIDENT gave the usual loyal and patriotic toasts, which were cordially responded to.

Dr. GIBSON (Stirling) returned thanks on behalf of "The Navy, Army, and Reserve Forces."

The PRESIDENT then said that on an occasion of this kind the name of one whom they all revered, and who was instrumental in calling them together, was always remembered—SAMUEL HAHNEMANN. (Applause.) He was sorry to say he had never seen Hahnemann. He (Dr. DRURY) first saw a little of homoeopathy at a dispensary, and after having been some time in Dublin, where he lectured on Materia Medica, he went into partnership in London with a gentleman who gave extraordinary doses. He it was who brought him to homoeopathy. He was attending a little child, which grew worse and worse, and the medicine given appeared to do it more harm than good. One day he called at the house, but was not asked to go up stairs. He called next day, and was not asked to go up stairs. The father afterwards said to him, "You will think it strange not to have been asked to see the child again. Well, the fact is, a

drowning man will catch at a straw, I took the child to a homœopath, and it got better." (Laughter and applause.) That made an impression on him. Another case occurred in a coachman who was ill with pleurisy. The patient told him there was a gentleman he was with who gave him some of "those round things," and he was greatly the better of them. By-and-by he said to himself, "I will try homœopathy," and he set himself for six months to the study of it with the most satisfactory results. His partner died, and he was left in this position, that he was a homœopath and all his patients were allopaths. One patient came and another left. Fresh ones came in, however, and at the end of the year he found that he had kept his ground. (Applause.) He then went on to say that but for Hahnemann they would not have been assembled there on that occasion. Hahnemann's was one of the great master minds of the century; and, seeing the truth, he was able to carry it on a great way towards perfection. He would not say to perfection altogether; because there were a great many things in which many might think he was wrong; but he discovered a grand truth, and put it on such a footing that from his day to the present it had not gone back. It was not to be expected that he should perfect the truth, but he had placed it on a safe footing; and it was for them to perfect it as much as possible. It was for them to follow in his steps, and he trusted that as years rolled on Hahnemann's principles would become more and more established in the land, and that those who had hitherto been their opponents would join their ranks. (Applause.) Those who joined them now were chiefly from among the older members of the profession. Comparatively few of the students came to them owing to the teaching of the schools, but the older men came with firmer and stronger convictions. He hoped, however, that the time would soon arrive when the students would see in the schools and hospitals of homœopathy what was going on, and be led to investigate it. He now asked the Company to drink to the memory of SAMUEL HAHNEMANN.

The toast was drunk in silence.

Dr. LUDLAM then proposed, "The President and Vice-President of the Congress." (Applause.) He said that in giving this toast he wished to refer to what he had observed and heard that day. Beginning with the address, he felt that he would be well repaid for crossing the Atlantic if he had only heard that address. (Applause.) One liked to hear his own views echoed by a speaker, and his views were certainly expressed in that address. They were exceedingly well set forth in all that pertained to the character and the deportment of homœopathic physicians towards their professional brethren in the latitude from which he came. He was sure that in the address there was a common chord struck that morning. (Applause.) These views, carried into practice

had already done a great deal for homœopathy. He believed they had seen evidence that day that they were getting out of the controversial period of homœopathy, and passing into the practical field—away from talking of tweedledum and tweedledee; and if they continued to show a good spirit in their literature, in their schools, and otherwise, the consequences could not fail to be highly beneficial. (Applause.) He now wished to say something with reference to the vice-president. He had not seen half so much of him as he should have wished. It was something to say of those gentlemen who went out of office—as he understood that their late departed friends did—that a proper diagnosis had been made. (Laughter and applause.) Old Dr. Chapman, in Philadelphia, had the reputation of being the greatest wag, in a medical way, in America. One of his stories was as follows:—He said one day to his students, “It is very important in the practice of medicine, that you should make a proper diagnosis; you cannot prescribe intelligently if you do not know the case. It will never do to take the say-so of a patient as to what his ailment really is. Catechise your patients, make up your mind from the evidence, and then prescribe on that. I was called the other day in great haste to see a young woman. I went in and asked what was the matter with her. ‘I have,’ she said, ‘the aurora borealis.’ (Laughter.) ‘What?’ I said, ‘the aurora borealis! that is impossible.’ (Laughter.) ‘Oh, yes,’ she said, ‘you told me once before that I had the aurora borealis, and I have it again.’ (Laughter.) Well, there was no use quarrelling with the woman, so I examined her carefully, and I found she was suffering from cholera morbus. (Laughter.) I prescribed for her and told her the difference of the disease. I said, ‘Don’t forget that cholera morbus may arise, and often does arise, from a disorder of the liver, but the aurora borealis is always an affection of the lights.’” (Loud laughter.)

The PRESIDENT, in acknowledging the toast, said they were always greatly pleased to meet their brethren—he could not call them strangers—from America. (Applause.) He hoped they would often have the pleasure of seeing Dr. Ludlam and Dr. Biggar amongst them. (Applause.)

The VICE-PRESIDENT said he had also to return thanks for the kind way in which he had been coupled with his worthy friend Dr. Drury in this toast. He referred to the last Congress held in Edinburgh, and to the excitement regarding homœopathy which prevailed in Edinburgh in 1851, which he said was largely owing to the shock which the conversion of the late Professor Henderson to homœopathy had given his colleagues at the University. Again, last year the Professor of Medicine in the University and one of the surgical professors, set upon them very

severely, but he believed that no harm came from it. The speeches that these gentlemen made were not worth thinking about. He concluded by again returning thanks for his name having been coupled in the toast with that of the President.

Dr. BLACKLEY then proposed "Success to the Homœopathic Hospitals, Dispensaries, and School." He said that each of these had in its time, and in its own way, a very important influence for good on the spread of homœopathy. The great want of the day was that they were not sufficiently numerous. The difficulty in establishing these institutions he had found to lie in obtaining sufficient professional help, in getting new blood introduced. He had found that young men who were discovered by their teachers to be imbued with homœopathic proclivities were diligently plied with the idea that the adoption of homœopathy was derogatory to their position and diminished their influence. This he believed was the cause of their not securing a larger number of young men to represent homœopathy. Hence they required a complete school, such as existed in America where a diploma giving a licence to practise could be obtained. If a charter could be had giving such power, it would be of great importance, and homœopathy would then grow as rapidly in this country as it did in America. He believed the day would come when it would do so. At the dinner they had last year after their Convention, it pained him considerably to hear some of their older men pointing to America as the great source from which homœopathy would have to grow, and they seemed to think that we had arrived at about the maximum of what we could do. He thought then, and still thought, that some of their older friends had mistaken the work they had been doing. They had been in the fore-front of the battle some twenty, thirty, and forty years, and he did not wonder at their feeling the comparatively small amount of success they had achieved; but they forgot that they had not only been fighting, but they had been sowing seed, and that some of the seeds had borne fruit. (Applause.) He had no doubt that many in America and elsewhere had derived advantage from some of the seeds that were sown here. He was not going to derogate from the work in America, but he merely referred to it as having grown partly from what had been done in this country. He thought that if they could only take a much more courageous view of matters, and put their shoulders to the wheel, they would accomplish a good deal more. When they could manage to place themselves on one solid foundation, and be determined to pursue one path in the way of teaching their principles, they would get into the practical period. What he designated the practical period was the period of teaching and giving a complete professional education to their younger men, and so getting new blood

amongst them. Whenever they could do that, he thought they would make greater progress in this country than they had hitherto done. It must be by hospitals, where the students could see the work done; by the dispensaries, where the people could feel the work that was done; and the schools, where they could teach the principles of their glorious and noble profession. He had great pleasure in asking them to drink "Success to the Homœopathic Hospitals, Dispensaries, and School." (Applause.)

Dr. MADDEN said it was with much diffidence that he rose to reply to the toast. He felt that he himself owed so much to these hospitals and dispensaries that had been started, that he considered it was only his duty to do what he could to speak in their favour and support their extension. (Applause.) It was about ten years since he left Edinburgh, having been recently capped; and being the son of a homœopath, he was naturally anxious to learn homœopathy before starting in practice, and he did not know very well where to get the knowledge that he wished. He was fortunately enabled to spend some time with Dr. Hughes, and one of the best teachings he gave him was to take him to the Brighton Dispensary. Shortly after that a vacancy occurred in the house surgery in Birmingham, and it was there that he got the experience that enabled him to practise in private. It was there, also, that he got that knowledge of Birmingham that induced him to settle there. He believed that if hospitals and dispensaries were increased they would get many young men to learn homœopathy, and to remain in the towns where they had learnt it. (Applause.)

Dr. MOORE proposed, "Success to Homœopathic Literature." He said that first of all they had the *British Journal of Homœopathy*, conducted by Dr. Dudgeon and Dr. Hughes, both men of great talent. Dr. Hughes was known to everybody who knew what homœopathy was, and his name was a great power throughout the vast continents of Europe and America. They had the *Homœopathic Review* and the *Homœopathic World*, which were conducted with great ability. He would have liked to have seen more of the editors present. He alluded to the able services that had been rendered by Dr. Pope, Dr. Dyce Brown, Dr. Kennedy, Dr. Burnett and Dr. Nankivell. Dr. Pope, he much regretted, was not present, for, as every one knew, he spoke like a book. He was a personified, living essay. (Applause.) If they read one of his lectures they would see that he was a man who went on like a river. But he was not like the Pope of Rome, for he allowed people to think for themselves. (Laughter and applause.) He was the Pope of the *Monthly Homœopathic Review*. (Applause.) They must keep up the title of homœopathy. They ought not to have slavish obedience to a

man, but cordial obedience to a great law. That was what he wanted people to come to. He would say to those opposed to them, "Admit the truth of our great law, and we will join you, but unless you do that, we must retain our present position." He had much pleasure in coupling the toast with the name of Dr. Dyce Brown. (Applause.)

Dr. DYCE BROWN said it gave him very great pleasure to rise to return thanks for the toast, and he only regretted that his colleague, Dr. Pope, had not been able to do so. His health had not been satisfactory of late, and a long and necessarily hurried journey, and the excitement of a meeting in which he felt a deep interest, were more than his strength allowed him to undertake. He could assure them, speaking for himself and all the others engaged in homœopathic literature, that they had a great satisfaction in feeling that they could be of any service in promoting the interests of homœopathy. Sometimes, perhaps, things might be written that were not altogether to the mind of everyone; but he assured them that everything was written with the very best intentions, and with the idea that the view they had taken was the best and most likely to further homœopathy. (Applause.)

The VICE-PRESIDENT proposed "The health of the Secretaries."

Dr. DYCE BROWN, in the absence of Dr. Wolston, briefly responded.

The VICE-PRESIDENT proposed "The health of Dr. Ludlam and Dr. Biggar" — whom they welcomed very cordially. (Applause.)

Dr. BIGGAR, in acknowledging the toast, said that for himself, and on behalf of the physicians of the United States, he had to thank the meeting for the opportunity of being present at their proceedings that day. He had spent some time on the Continent and in Great Britain, but he had not spent a single day that had given him so much satisfaction as he had experienced that day in listening to and seeing all that had been said and done.

Dr. DYCE BROWN proposed "The health of the Treasurer, Dr. Madden." (Applause.)

Dr. MADDEN replied.

Dr. WILLIAMS gave the next toast "The City of Edinburgh, coupled with the name of Councillor Boyd."

Councillor BOYD in replying to the toast, thanked the company for their good wishes for the city.

Dr. HAYWARD had great pleasure in proposing "The health of the Visitors, coupled with the name of Mr. Henderson." (Applause.)

Mr. HENDERSON acknowledged the toast. He said he could assure them that he had very great pride and satisfaction in representing the patients of homœopathic physicians. He had

often thought that the patients did far too little considering what the physicians did and suffered for them. A remark had been made as to there being no homœopathic dispensary in Edinburgh. He thought that it should spring from the patients, and not from the doctors, who supplied the skill. He thought that the least that the patients could do would be to extend the benefits of the homœopathic system to their poorer brethren. (Applause).

The proceedings, which were throughout of a most agreeable character, were shortly afterwards brought to a close.

NOTABILIA.

NOTES OF THE LONDON HOMŒOPATHIC HOSPITAL.

In our last month's issue we announced that it was in contemplation to increase the staff of nurses for attending private patients. It appears now that a scheme to that effect is nearly matured, and as the house, No. 1, Powis Place, adjoining, and the property of the hospital, is now vacant, there will be no difficulty in carrying the measure into effect at an early date—so soon, in fact, as the necessary alterations, which will not be extensive, can be carried out. The space at the disposal of the authorities will, however, be greater than actually needed for the accommodation of the additional nurses, and it is, therefore, proposed to appropriate rooms on the ground floor for the reception of a private patient, fitted in a superior manner, and the charge for which would be proportionately higher than when the experiment was first tried within the walls of the hospital. This is a move in the right direction.

PRIZES FOR STUDENTS AT THE LONDON SCHOOL OF HOMŒOPATHY.

DR. PRATER offers two prizes of £10 each, for students attending the ensuing winter session at the school, to be awarded at the end of March, 1888. One prize of £10, for the best examination in *Materia Medica*. The other prize of £10 for the best examination in the *Principles and Practice of Medicine*. Candidates for the latter prize, besides having a written examination, will be examined clinically in the wards of the hospital, and write out one case in full, stating at the end of the case, the diagnosis and treatment, with their reasons for the selection of the remedies.

The adjudicators of the prizes to be Dr. Bayes, Dr. Hughes, Dr. Pope, and Dr. Dyce Brown.

PRIZE ESSAY.

DR. PRATER, with his usual generous liberality, offers a prize of £80 for the best essay "On Hydrophobia." (a.) Its history, pathology, and symptoms. (b.) The various measures, surgical and medical, for the prevention of the disease after inoculation of the virus. (c.) Curative measures after its development, stating the pathogenesis of the medicines recommended, as far as they relate to the disorder, and the more or less close similarity of each to the disease in its different stages. (d.) Cases on record or unrecorded, illustrating the value of the treatment adopted before and after the development of the hydrophobia.

Essays to be sent to Dr. Dyce Brown, 29, Seymour Street, Portman Square, W., on or before November 1st, 1888.

All essays to bear a motto, and without a name. The name and address of the author to be placed in a sealed envelope, bearing the motto attached to the essay. *Any essay to which a name is otherwise appended will be disqualified.* Dr. Bayes, Dr. Hughes, Dr. Pope, and Dr. Dyce Brown are the adjudicators of the prize. N.B.—If no essay comes up to the required standard of excellence, the prize will not be awarded.

NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

MR. HURNDALL, M.B.C.V.S., Liverpool.—Your paper has been received, and shall appear on the first opportunity.

Communications, &c., have been received from Dr. COOPER, Dr. BURNETT, Mr. CHAMBRÉ (London); Dr. HUGHES (Brighton); Dr. PULLAR (Edinburgh); Dr. DRURY (Bournemouth); Messrs. THOMPSON & CAPPER (Liverpool).

BOOKS RECEIVED.

Sur le Rythme de Quelques Medicaments, par le Dr. A. Claude. Paris, 1881.—*The Homoeopathic World*—*The Chemist and Druggist*.—*The Students' Journal and Hospital Gazette*.—*Burgoyne's Journal of Pharmacy*.—*The New York Medical Times*.—*The New England Medical Gazette*.—*The Hahnemannian Monthly*.—*The Medical Advance*.—*The Medical Counsellor*.—*The American Observer*.—*The St. Louis Clinical Review*.—*The Calcutta Journal of Medicine*.—*The Indian Homoeopathic Review*.—*Bull. de la Soc. Med. Hom. de France*.—*Bibliothèque Homoeopathique*.—*Revue Hom. Belge*.—*El Criterio Medico*.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 21, Henrietta Street, Cavendish Square, W.; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

HOMŒOPATHY IN INDIA.

THE practice of medicine in India, as in other Oriental countries, has altered very little in the course of centuries. Semi-supernatural power, natural magic, necromancy, witchcraft, devil-worship, and a very slight knowledge of medicine, were the powers brought to bear on disease by the Hindoo physician. In a country, whose early history is lost in the mist of ages, whose creeds date back 2,000 years or more, the practice of physic has been handed down from generation to generation, like a pocket borough before the Reform Bill. With the advent of the Feringhee came some little change, perforce, amongst those who were brought directly in contact with European civilisation. It was found that the English doctors could oftentimes cure diseases which the native *Æsculapius* had failed to exorcise or charm away. The Government enforced, as best they might, laws of sanitation to preserve the nation from the scourges of pestilence and famine, which, like twin demons, stalked through the land at varying intervals.

The establishment of English rule in India effected, without doubt, a great stride in the healing art, but still the native mind was prone to turn to the *Kabirajes*, or country physicians, with their old world-charms and

potions. In fact, as far as regards actual therapeutic agents, we do not know that the new *régime* was a very great improvement on the old.

But it must be admitted, in all fairness, that the general condition of public health, especially with regard to epidemic disease, was much ameliorated by the improved knowledge brought to bear upon the community by the European physicians.

The next step in the spread of what we must, for the nonce, call modern physic, was the education of numbers of intelligent young natives to act as apothecaries, dispensers, and surgical assistants throughout the country. Many of these, as might be expected, developed considerable skill in the practice of their profession, and aided considerably in spreading the knowledge of European medicine and hygiene throughout our great Indian Empire. The work of humanity, begun in the days of the East India Company, and continued under the beneficent, if not very economical, rule of the Imperial Government, has now penetrated through the whole Peninsula, so that the poorest *ryot*, nay, even the meanest outcast *pariah*, can carry his ailments to the *doctor sahib* at the nearest station, and obtain the best relief which allopathy can afford him.

But it has been reserved for the latter half of the nineteenth century to see the introduction of scientific therapeutics into India. Many of the English residents, having learned the benefits of homœopathy at home, carried with them the system which they preferred, and continued its practice in their new homes. Gradually the knowledge of the system spread, until each of the great cities could boast of its homœopathic chemist and dispensary. Now homœopathy is an admitted power in the land. One of its leading Professors, Dr. SIRCAR, was for a long time on the Council of the University of Calcutta, of which

he is a distinguished graduate. More practitioners are urgently demanded, and only recently we were informed that an English homœopathic physician could be sure of a good reception and profitable practice in Calcutta.

The outward and visible sign of the spread of homœopathy is the success and increase of its literature. The Presidency of Bengal has for the last eight years had a first-class homœopathic journal, ably edited by Dr. SIRCAR, the *Calcutta Journal of Medicine*. Conducted by a homœopathic physician, it is catholic to a degree in its scope, never, however, yielding any of the cardinal points of the homœopathic law or method. Its pages are well furnished with clinical cases of great interest, an example which we wish our more numerous readers would enable us to emulate. The prevalent diseases of the country, such as diarrhœa, dysentery, cholera, ophthalmia, are frequently and fully discussed. Some able papers in repertory form have appeared this year, in which all the medicines likely to be of use in these diseases, have been carefully studied, many of the symptoms being new and original. Written entirely in English, this journal occupies a position in the first rank of homœopathic journalism, and we are glad to see it so flourishing in the tenth year of its existence.

The *Calcutta Journal of Medicine* has a younger sister which gives equal promise of future success. We refer to the new journal entitled the *Indian Homœopathic Review*, the first number of which appeared in January of the present year. Apparently the demand has arisen for some homœopathic periodical suitable for circulation amongst the laity as well as the profession of the Presidency. This demand the new magazine is well calculated to meet, as half of it is printed in the Bengali vernacular and in the native character. We regret that Bengali has not been

part of our curriculum, so we are obliged to confine ourselves to the bare statement of fact, without giving any extracts from this portion. If, however, [it is equal to that part of the periodical devoted to the edification of readers of the Anglo-Saxon language, we are confident that the cause of Homœopathy has received a great "lift" from the publication of the *Indian Homœopathic Review*.

The first number commences with an "*Apologia pro vita sua*," which is so good and forcible that we would like to give it to our readers *in extenso*, but must be fain to content ourselves with a small extract:—

"As journalists we are responsible for our own existence, and it is necessary that we should explain why we have thought fit to call ourselves into being. Without much preface, therefore, we proceed to state the reasons of our existence, and the objects it is intended to attain. It is not to be disputed that homœopathy is gaining ground in India. More and more people are hearing of it every day. More and more homœopathic dispensaries are coming into existence. Instances of cures by means of homœopathic medicines are multiplying. And the number of converts to the new faith is also unquestionably on the increase. Yet the cause does not advance. The popularity of the method seems to be owing not to an intelligent appreciation of it as a method, but to a confused idea that some homœopathic drugs are sometimes very useful. Men are proud to show their candour and their acumen by admitting that homœopaths have got good medicines for this disease and that disease. We set no value upon such admissions, and if every single man in India were to make such admissions, we should not be justified in thinking that the cause of homœopathy had advanced. That we may not raise false hopes, or inculcate false ideas of our catholicity, we think it our duty to state that we entirely repudiate the motto, 'He is the best physician who rescues men from diseases.' The bare fact of removal of a disease or of some particular diseases is of little consequence when the in-

quiry is to discover a *law* of cure. Observation of particular instances is no doubt necessary to discover a general law. But when the observed instances have no sort of resemblance, of what use are they? There will be found men, and very well educated men they are, who generalize their experience in some such way as the following:—‘The homœopaths have got good medicines for cholera and some other diseases. The allopaths have got good medicines for acute fever, for surgical diseases, and some other diseases. The *kabirajes* have got good medicines for chronic diarrhoea, chronic fever, and some other diseases. Some *sanayasis*, *mohunts*, and old women also know some very good medicines for some diseases.’ All that we can say in answer is that we should find it difficult to be happy in such a frame of mind. If we are to choose medicines empirically, what progress have we made since the time of Galen? What is the method we are to follow, or must we renounce the possibility of a method? Are cures to be regarded as so many isolated phenomena not amenable to any law? We hold and we shall attempt to teach in this journal that all the above inquiries have been satisfactorily answered by Hahnemann. The method has been found. The law is known. Without mincing matters and using periphrastic expressions, we distinctly and unreservedly commit ourselves to the method of Hahnemann. By that method we are prepared to stand or fall; and it will be our duty to expound it, to illustrate it, to develop it, and to propagate it to the best of our ability.”

This is downright stalwart homœopathy, and a very outspoken confession of faith in the law of Hahnemann. No eclecticism, under the guise of homœopathy, is found here—no sneaking apology for the sectarian name which we have been forced to assume, and which we trust will never be laid aside until the circumstances which necessitate it have vanished into the past. Dr. BHADURI merits the thanks of all honest homœopaths for this article.

The present state of homœopathy in India appears very much to resemble the state of homœopathy generally.

The success of the system is not to be judged by the number of its qualified practitioners, either in this country or in the far East; for owing to powerful opposing influences, all trying to choke the new system, its qualified practitioners are not numerically commensurate with its successful spread. Far different is the state of affairs when we turn to the West, as we trust to do in some future article. Dr. BHADURI's description of homœopathy in India would do admirably for England, if for "India" we read "England." And yet we know that the system is spreading rapidly, although, from well-known reasons, not in an open manner amongst the profession. Here, as in India, dispensaries are increasing, cures are made, and the number of converts is unquestionably on the increase. Our chemists can assure us that the demand for homœopathic medicines has multiplied greatly during the last few years, and is still increasing. With this state of affairs we are satisfied for the present, knowing that the irresistible force of public opinion is being gradually formed, which will eventually sweep away every obstacle to the honest inquiry into the truth of homœopathy, both at home and abroad.

A CASE OF ACUTE SUPPURATIVE NEPHRITIS, WITH REMARKS.*

By WALTER T. P. WOLSTON, M.D.

MR. PRESIDENT AND GENTLEMEN,—If excuse be needed for venturing to read a paper at this Congress, based on the record of a single case, it must stand in this, that I have only met with one such in my practice during seventeen years. Nor is this strange, when we bear in mind that *nephritis*, of the kind I speak of to-day, is a very rare malady—rare, whether we consider its absolute frequency or view it in relation to other renal disorders.

* Read before the British Homœopathic Congress at Edinburgh.

Secondary affections of the kidney, arising from diseases of the lower urinary tract, though not unfamiliar to hospital surgeons, have received less attention from physicians than their importance demands, and it is with a view of adding a mite of information, which may help towards more exact diagnosis and effectual treatment, that I relate my experience.

Mary H., aged 6½, the child of a gentleman, who for many years has suffered from hæmaturia, and probably renal calculus, was first seen in her present illness on Monday, May 8th, 1882. She had been a very healthy child till November, 1881, when she had a smart attack of peritonitis lasting three weeks, and from which she completely recovered. Her present ailment is a vaginal discharge of viscid muco-purulent matter in considerable quantity. This condition has obtained for ten days.

It appears that on Wednesday, April 19th, the child went with her three brothers and an elder sister to Pitlochrie for change of air. While there the nurse noticed that during two nights she was rather hot and restless, but seemed otherwise quite well, and took her food normally. She had no sore throat, nor was any redness of skin noticed.

Present state.—She seems quite well in every way, excepting only the vaginal discharge. This is glairy, muco-purulent, and stains her linen yellowish green. On examining the surface of her body, I found the remains of some small boils on the thighs, and, regarding the case as one of transient blood disorder, I gave *hepar sulph. trit.* 3x., gr. i. t.d.s. Nothing of note occurred, and I did not see her till Thursday, 11th May, when I was sent for in the afternoon. She had been dressed and taken down stairs, and seemed well enough unless moved, or trying to walk, when she complained of pain in the loins and hips—specially the right side, extending down both thighs. I found the vaginal discharge was still continuing, and, if anything, more profuse than on the 8th. The inguinal glands, specially on the left side, were much enlarged, forming a knotted chain. The skin was hot and dry. P. 110; T. 102.

I immediately ordered her to bed, and prescribed warm fomentations to the hips and loins, and *acon.* 3x. and *rhus tox.* 3x, in alternation, in two drop doses, every two hours.

Friday, 12th (II.)—A restless night had been passed. The right hip was now tender to the touch, and appeared swollen. P. 110 ; T. 102. The urine was noticed to be smoky-coloured, and on examination found to contain one-sixth albumen and a large deposit of urates, but no tube casts. In quantity it was normal.

A purely milk diet was ordered, with poultices to the hip, and continue *acon.* and *rhus.*

Saturday, 13th (III.)—A very restless night, with much pain in both hip joints and thighs, of a lancinating character, and the child lay in bed on her back, with her legs drawn up. Tongue fairly clean, and not at all strawberry-like. The water was very profuse in quantity, but very dark, and contained one-half albumen, much blood, a good many oxalates, and abundance of fibrinous cylinders, inflammatory and granular tube casts. Sp. gr. 1025. P. 120, good ; T. 103. There was no redness of the skin. Vaginal discharge less.

The child's parents getting anxious, and thinking there must be some disease of the hips, as the pain was all confined to that part, Mr. Joseph Bell, senior surgeon to the Royal Infirmary, saw the case with me in the afternoon. He reported no hip mischief, but thought the case was one of post-scarlatinal nephritis, with anomalous symptoms in the region of the hips.

The milk diet was continued, and a large linseed meal poultice applied that enveloped the lower part of trunk and thighs. *Acon.* 3 and *bry.* 3x were now given.

Vespere.—P. 125 ; T. 102 ; and she was much easier as to pain.

Sunday, 14th (IV.)—Had a good night, and appears much better to-day. Urine plentiful, and contains only one-fourth albumen. P. 100 ; T. 101. Has little pain anywhere.

Monday 15th (V.)—Is wishing to get up. P. 90 ; T. 99.6. Water much lighter colour, copious, and contains one-sixth albumen. A careful microscopical examination of the vaginal discharge was to-day made, but no special organisms were found.

Tuesday, 16th (VI.)—P. 80 ; T. 98.5. Water nearly normal in colour, one-sixth albumen. To-day she was to be allowed a little weak chicken tea, in addition to her milk.

Wednesday, 17th (VII.)—Not so good a night. P. 110 ;

T. 102. Albumen one-sixth ; urine still free. Complains of pain in left lumbar region.

Thursday, 18th (VIII.)—A bad night. P. 120 ; T. 103. Urine very dark coloured, and becoming scanty ; albumen one-half. *R. Canth.* 2x gtt. ii. qq. 3 h.

Vespere.—T. 105 ; p. 135. At five p.m. a sudden attack of vomiting occurred, and she ejected a quantity of grass-green fluid, while the bowels simultaneously were moved, and constant diarrhœa set in. Omit *canth.* *Ars. alb.* 3x, and *verat. alb.* 3x were given in alternation every two hours, in two drop doses. At this time there was great, general tenderness over the abdomen, and it was evident that acute peritonitis was supervening.

Friday, 19th (IX.)—A rather restless night, caused by frequent motions, which, however, ceased towards morning. P. 130 ; T. 104. Urine becoming very scanty. Albumen three-fourths. Her skin is very dry and burning. She was now put into a cold pack, in which she lay for two hours. Tongue a little loaded in centre. *R. acon.* 3x., and *canth.* 2x.

Vespere. P. 100 ; T. 102.6. The pack relieved her much, soothing her generally, and producing some perspiration.

Saturday, May 20th (X.)—She wandered a good deal, and cried during the night, as if in pain, which she indicated as being in the abdomen. P. 120 ; weak ; T. 101.6. Urine still very scanty ; half albumen. The tongue, for the first time, is furred from apex to base, white, with protruding papilla, and getting red and clean at tip and edges. Bowels not moved. She was ordered to be again packed at 7 p.m.

Four p.m.—She has vomited some more grass green fluid.

Vespere.—She has been in the pack for two hours, and perspired, but not freely. The tongue is assuming more the strawberry-red hue in the anterior half. P. 90 ; T. 101.5. The face is very flushed and pupils somewhat dilated, and she is slightly delirious. *R. bell.* 3x., and *ars. alb.* 3x.

Sunday, May 21st (XI.)—She had a very restless night, sleeping only three hours in all. The tongue is now clean from tip to base, and presents the typical "strawberry tongue," being very red, and papilla much elevated.

P. 120, weak ; T. 100.8. Water very scanty and half albumen. Bowels not moved.

Five p.m.—Some bloody discharge has come from nose and throat, but there is no membrane nor any special throat congestion. P. 135; T. 102.8. The urinary secretion is now almost suppressed. She is quite conscious, but every now and then cries as if from head pain.

Vespere.—My colleague, Dr. Bryce, kindly saw her, in consultation, at the evening visit. She was then much weaker. P. 130; T. 102.2. Abdomen very tympanitic. Tongue red and dry; fauces clean. Pupils are widely dilated, and do not fully contract to light, and she is constantly on the toss and burrowing her occiput in the pillows. There are no swelled glands in neck or cervical region. The amount of urine passed during the day is 3 oz., of which half is albumen. Dr. Bryce recommended a warm bath, and thereafter wrapping her in warm, dry blankets, and *acon.* 2x, and *terebinth* 3x, 1 drop doses, alternately every hour.

Monday, 22nd (XII.)—She had the bath, in which she cried a great deal, and was ever urgent to be released from the blankets. She cried wildly most of the night in delirium, and had little sleep. To-day, P. 145; T. 103. No water at all has passed. As she seemed to constantly urge, as if wishing to urinate, I passed a small catheter, but found the bladder quite empty. The abdomen is not more distended, and the bowels have moved twice, each time a healthy yellow stool. Tongue red and dry. Eyes injected, pupils dilated. She sweat a little after the bath, so I gave her another now, and continued the *acon.* and *tereb.*

Four p.m.—P. 180; T. 105.5. No water. The extremities are getting cold.

Five p.m.—She quietly breathed her last, the temperature rising to 106 degs.

Sectio Cadaveris. 40 hours, p.m.

This was kindly made by my friend Dr. Sheridan Delépine, assistant to the Pathologist of the Royal Infirmary.

The upper part of right thigh and the pudenda showed some small vesicles and pustules, also some excoriations.

On opening the abdomen the omentum and intestines were found covered with a layer of fibrinous lymph, and

slightly adherent to the parietal peritoneum, as well as matted together.

There were about 40 oz. of sero-purulent fluid, of a yellowish grey colour, in the peritoneal cavity. In drawing the coils of the intestines from the pelvis a cavity, bounded by fresh adhesions, was laid open, and thick yellow pus was found to fill the pouch of Douglas.

The intestines were slightly congested here and there, but no trace of inflammation of the mucous coat could be found in the parts of the large and small intestine which were examined.

The liver and spleen were apparently normal.

The bladder was empty, its walls perfectly anæmic, very smooth, and coated with a thin layer of tenacious mucus. The trigone, however, was congested, particularly at opening of the right ureter, the congestion extending for two or three inches up along the ureter.

The vagina, uterus, Fallopian tubes, ovaries, and adjacent fibrous structures were deeply congested; the ovaries specially so; the vessels being highly distended with dark blood. All these organs presented a continuous dark purple colour. The vaginal canal was almost dry, the mucous membrane showing nothing particular beyond the reticular injection. The cavity of the uterus contained a little purulent matter, and the mucous membrane was congested, as also the rest of the organ, which was extremely flabby.

KIDNEYS.—The RIGHT KIDNEY was enlarged, slightly lobulated, dark bluish purple in colour, and flabby in consistence. After section the *capsule* was found to strip off easily. A part of the *surface* of the organ was covered with a soft coagulum of dark blood, forming a thin layer. Under the capsule, the part of the cortex corresponding to it was pulpy and disorganised. The *cortex* was enlarged and deeply congested, presenting here and there small *interstitial* hæmorrhages. The tubules were distended with yellowish matter (fatty epithelium), having a slight pinkish tinge, due, apparently, to extravasated blood.

The *malpighian* bodies were not more visible than normally.

The *medulla* showed deep congestion of the pyramids, and the straight tubules were also distended with yellowish matter, just as the convoluted tubules.

The *calices* and *pelvis* were not much congested, and contained a little purulent matter.

The LEFT KIDNEY was in the same state as the right as regards the *capsule*, *tubules*, *calices*, and *pelvis*, but there were fewer interstitial hæmorrhages. The organ was firmer, and not so friable; it was evidently not so deeply affected as the other.

The thorax and head were not opened.

After hearing this record the query will at once arise in your minds—What were the sanitary conditions of the abode of this child, and to what influences was she exposed to lead to these fatal consequences?

She lived in one of our best West End houses, of which the w.c.'s were in good order, the soil pipes properly ventilated, and wash basins and baths discharged to open surface gratings. There was on the basement floor this defect, that the scullery and washhouse waste pipes connected directly with the drain, and the servants' w.c. had no ventilating shaft. Thus it is manifest that sewer gas could enter the house, and doubtless did, and I think here was the starting point of the mischief, as two of those who lived much on this lower floor were taken ill at or about the same time.

My patient was in perfect health when she went north on Wednesday, 19th April. The following day I was requested to see the cook of the family. She was feeling very ill, and suffering from a bad sore throat. Quite well the day before, she was now in high fever, and her throat had a very diphtheritic look about it. Circumstances rendered it impossible for her to be treated there, and she was accordingly removed to the Old Royal Infirmary, where she was for many days very ill with high fever. The attending physician afterwards informed me that no true evidence of scarlet fever could be detected, nor could it be called diphtheria. It was, any way, a very malignant sore throat, from which she recovered.

But this was not all. The table maid had gone to Pitlochrie with the children, and was to return next day. She, however, was taken ill with a very severe sore throat, which detained her till Saturday. When I saw her on Sunday (23rd) the throat was quite clean, but very sore, and congested. Other members of the family, while at Pitlochrie, had sore throats, but Mary, he it noted, had not. Her first indication of real illness was the vaginal

discharge. Now this, in a child, is not uncommon, and, therefore, I did not attack it with the vigour which I think now I should have done.

While she lay so ill, her elder sister, a girl of 12, commenced to have a similar leucorrhœal discharge. Recognising then its gravity, I immediately had carbolic acid douches—of a strength 1 to 100—given thrice daily, with the happiest and most immediate result.*

Mary's case then, you will see, I do not at all regard as one of post-scarlatinal nephritis. There seems to me no evidence in favour of that theory of her illness. There was no sore throat, no rash—at least noticed—and no desquamation, and although the "strawberry tongue" was visible on the eleventh day of her illness, that is the only feature that points to previously existing scarlatina. And had it been so, the tongue would have showed this character before the eleventh day—at least, so has been my observation.

I regard, on the other hand, the vaginal discharge as the focus whence the fatal poison entered the system, by continuity of surface. What the peculiar poison-germ was I will not say. Our microscopic examination of the discharge on Monday, the fifth day of her illness, failed to detect the peculiar organisms of diphtheria.

In some way, which I do not see clearly, the vaginal mucous membrane became irritated, and a nidus was found for the floating enemies of life. There germinating, the first effect was a leucorrhœa, which seemed bland and innocuous, but which passed, by direct continuity of mucous surface, on the one hand, through the urethra, bladder, ureter, and pelvis of the kidney, to the secreting structures of that organ, and, on the other, found its way to the lately inflamed peritoneum, by way of the cavity of the womb, and Fallopian tubes, setting up a deadly inflammation in these highly sensitive spheres.

The free quantity of water which was passed from the first to the seventh day of illness—although there was much blood therewith—leads me to think that only one kidney was at first affected, the other really doing all the work. From the effect of the first infection of the system,

* Since reading this paper, another similar case of profuse leucorrhœa in a girl of 7 has come under my care, in which the carbolic acid-injection produced a rapid cure.

and destructive change in the kidney—the right one I infer—there was evidently sufficient vital power to rally, and the clearing of the water, diminution of albumen to one-sixth, and fall of pulse and temperature to the normal standard on the sixth day of the illness, all pointed to resolution about to be established, and, I must confess, at that time expected.

Whether the addition of a little weak chicken tea to the diet could have caused the subsequent fresh outbreak is a matter for consideration, but certainly the next day saw a fresh lighting up of kidney mischief. At that date I think the left kidney became involved. The day following (the 8th) the acute peritonitis supervened, and from that hour I regarded the case as hopeless.

The treatment of acute symptoms, as they arose, demanded the use of remedies which are not usually exhibited in renal cases, and perhaps the earlier use of *terebinth* might have been better, but in nephritis, with bloody urine, *cantharis* has been an unfailing friend till now, when it certainly failed.

The bibliography of *suppurative nephritis* is not very extensive, and scattered chiefly in journals. The subject is not overlooked by Ziemssen and Reynolds, in their respective systems, but the best account of it with which I am acquainted is found in the *Traité de Pathologie Interne*, of M. Jaccoud, Professor of Pathology to the Faculty of Paris, vol ii., p. 444, *et. seq.*

As this work is not translated into English, and will be found on few book shelves, I venture to give a short *resumé* of his views of the malady.

He says the causes are sufficiently well defined.

1st. TRAUMATISMS of the lumbar region; blows, falls, contusions, and wounds.

2nd. INFLAMMATION OF THE LOWER URINARY PASSAGES; urethra, bladder, ureters.

3rd. RETENTION OF URINE, whatever be the cause: *e.g.*, cerebro-spinal diseases, vesical or urethral lesions.

4th. PERINEPHRITIS.

5th. PURULENT INFECTION (under which class, coupled with the second, my case comes.) Here the purulent centres in the kidney are caused by emboli. They are the *metastatic infarcti*, but this mode of production, viz., by *infarcti*, is not constant. In a good number of cases the suppurative nephritis is produced directly by the altered blood, as are,

frequently, at the same time, inflammations of the pleuræ and peritoneum (as in my case.) The nephritis is often double, but, contrary to the diffuse form of renal inflammation, it may be unilateral. All depends on the cause which gave rise to it.

MORBID ANATOMY.—At the commencement the kidney, or kidneys, are increased in size, their consistence is diminished, and the congestion shows itself by a dark red colouration, which may be general or circumscribed. The injection of the vessels may be seen through the capsule, which is thickened, but can be peeled off easily, without tearing the subjacent tissue.

On making a section into the kidney the distinction between the *cortex* and *medulla* is almost obliterated, but the cortex is particularly swollen, and tumefied, by the injected blood vessels and the exudation into its substance. It frequently shows small punctiform or striate hæmorrhages.

The *pyramids* are of a dark colour, and as if disassociated at their bases by the interstitial infiltration.

The mucous lining of the *pelvis* and *calyces* is decidedly hyperæmic. At a later stage colourless points appear. (This was a stage at which my case did not arrive, the first one of congestion and exudation being particularly well marked, and the hæmorrhages into the substance and under the capsule being excessive.) Soon these decolorised points become purulent, either by the new formation of cells or by extravasation of white corpuscles. At the level of these parts the normal tissue is destroyed or pushed away by the purulent collection, and there are formed small abscesses, which are of a round or cylindrical shape, according as to whether they exist between the pyramids or in the cortex.

In *septic* nephritis these abscesses remain often isolated, but in the common forms they unite, and form a large purulent collection, occupying one-third or one-half the organ. When even a large portion of the kidney has been involved, the abscess may become encysted, and undergo the calcareous cheesy transformation.

Under other circumstances the pus may be evacuated by the pelvis of the kidney into the peritoneum, the bronchi, the bowel, or by a long fistula externally. When one kidney is attacked it is rare for the other to be left untouched.

Symptoms.—The acute suppurative nephritis has a very deceptive commencement, which simulates that of small-pox. Rigor and intense fever, lumbar pains of an extremely acute nature, more intense even than those of small-pox. Vomiting is more or less frequent. The pain is increased by pressure or movement, and often it radiates along the ureter towards the bladder and testicle (and, according to Reynolds, and as seen in my little patient, down the thighs). The pain has often the character of a nephritic colic, the absence of fever distinguishing them. These phenomena are present on both sides if the nephritis be double, on one side if single.

To these symptoms are added alterations in the urine. The secretion is diminished, as a consequence of the compression which the exudation exercises upon the glomeruli and tubules.

The patient often suffers from tenesmus, passing, with great efforts, very small quantities of urine—there is *ischuria*. Sometimes the secretion is momentarily suspended, and, in spite of the patient's complaint of needing to pass water, the catheter reveals an empty bladder—there is *anuresis*.

The density of the urine may be increased (my patient's was 1025), or it may be normal, or even there may be a diminution of urea and uric acid. The colour is dark, ordinarily no albumen, unless there be blood present. In the sediment are found blood corpuscles and fibrinous cylinders, showing that the hæmorrhage is really intratubular. If the fibrinous coagula do not take the form of cylinders, it shows that the hæmorrhage is not from the kidneys, but from the pelvis, ureters, bladder, or urethra.

Thus constituted, the acute suppurative nephritis has a variable evolution, and it may end in a solution. In other cases (as in mine) it may kill, before it reaches the suppurative stage, by urinary insufficiency. The fever takes on a typhoid character, and the phenomena of uræmia may appear. Ordinarily it ends in suppuration, which is announced by the persistence of the symptoms—notably by repeated rigors, fever, and an aggravated general condition. The urine is still scanty, but not high-coloured, and it does not contain pus, unless the abscess open into the pelvis of the kidney, or the mucous membranes of the lower urinary passages share in the inflammation.

This case, and outline of acute suppurative nephritis

will, I trust, have the effect of inculcating the necessity of watchful and prompt dealing with leucorrhœal discharges in children, and afford you a basis for a good discussion, after the patient hearing you have given me, and for which I must tender you my thanks.

DISCUSSION.

The PRESIDENT said he was sure they were very much indebted to Dr. Wolston for his excellent paper. Diseases were sometimes very much mistaken. It recently happened that a number of Esquimaux were brought from Labrador for exhibition in Germany. Three of them died, and the cause of death was not known. Shortly afterwards the remainder of them died in Paris of small-pox. The first probably died of small-pox also. He had seen scarlet fever so slight that its diagnosis was no easy matter. He had known a child very dangerously ill, and the nature of the illness absolutely obscure. Further examination found the slightest taint of sore throat, and it presently became evident that suppressed scarlet fever was the real condition.

Dr. BRYCE said that he had seen the case to which Dr. Wolston had referred, but he could add nothing to what he had told them, as he had placed it very fully before them in all its details. He saw the case within twenty-four hours before death. It was evident that there was peritonitis, but what else it was difficult to say. When he saw the child he thought it was a case of blood poisoning in some aspect or other. He rather leant to the idea that it was one of those cases of apparently mild scarlatina, which had not been discovered till late in the illness. That was the opinion he had at the time, although it might not have been a correct one; but he had seen many complicated cases, due to a similar cause.

Dr. LUDLAM said he had been greatly interested in the very excellent report of this case. Concerning its nature, he would exclude diphtheria on account of the absence of any observable deposit, and because of the free formation of pus within the peritoneal cavity. If the patient had had scarlatina in a severe degree, the temperature must have been higher, with the dry skin and urinary trouble. He thought the evidence was in favour of its having been a form of peritonitis, probably a metro-peritonitis, with suppuration and purulent infection therefrom. The frequent pulse, the local pain, and the transformation of the serum into pus, showed that, in all probability, the renal lesion was secondary, as a pyæmic nephritis. The case was the counterpart of pyæmic puerperal peritonitis, with a resulting kidney complication.

Dr. MOORE asked how Dr. Ludlam accounted for a child six and a half years having peritonitis, and a sister also.

Dr. LUDLAM said he thought that the case was pyæmic when it started.

Dr. HAYWARD said that he was extremely interested in this case, in its management, treatment, and end. All the time that the essayist was giving it to them, there was in his mind a picture of the effects of *crotalus*. The course of the disease, the end of the disease, and its post-mortem examination, showed *crotalus*. It seemed to him as if they had had the effect of rattlesnake bites before them. He thought it was a blood poisoning, and the result of the treatment—the known beneficial effects of their great remedies—would support the idea. His feeling was that in all such cases they had a grand remedy in *crotalus*. The whole symptoms pointed in that direction.

Dr. CARFRAE said there were two points that occurred to him with reference to the case. It was admirably detailed from beginning to end, and he thought they were very much indebted to Dr. Wolston. One of the points that occurred to him was the persistent sticking to *aconite* so long. It was only in the preliminary stage that *aconite* was of use. He thought there might have been some help got from carbolic acid in such a case, especially when the state of the kidneys was taken into consideration.

Dr. NANKIVELL said that in chronic nephritis he had found sulphate, carbonate of soda, and lime, very effectual. He therefore agreed with Dr. Carfrae, that in a case of this kind, even where the symptoms were very acute, and the illness terminated so rapidly in a fatal way, carbolic acid, given in a salt, might have had a beneficial effect in restraining the extension of the mischief, and given time to the constitution to make a rally.

Dr. BIGGAR said he thought that *veratrum* should have been resorted to in this case.

Dr. WOLSTON said he had to thank them for the kind way in which they had received his paper. He might state that at first he was inclined to look on the case as a post-scarlatinal poisoning, but the inquiries he made caused him to give up that theory. He was satisfied it was a blood-poisoning, but whether it was the kidneys or the uterus that was the first attacked it was hard to say.

PERIODICITY OF DISEASE AND OF DRUG ACTION.*

By W. DEANE BUTCHER, Esq., Windsor.

THE study of periodic diseases, and of periodic remedies, which has been prepared for this Congress, must be regarded merely as introductory; as *Memoirs pour Servir*

* Read at the British Homoeopathic Congress, Edinburgh, September, 1882.

for a future more complete history of periodicity in its various phases.

The study of periodicity is not a new one. It is one of the oldest problems which have exercised the ingenuity of medical theorists, dating from the time when our ancestors looked on drugs and disease as specially under the influence of the planets, and regarded the times and seasons from an astrological standpoint.

Habit and periodicity is woven into the very warp and woof of our life; and not only life, but almost all natural phenomena are periodic. The movements of the heavenly bodies, the alternation of day and night, the return of the seasons, the diurnal, lunar and yearly cycles, all seemed to have stamped their impress on the nervous nature as well as on the imagination of mankind. Disease cycles, too, are equally noticeable. We need only allude to the tertian, quartan, and other types of intermittents—the daily and weekly exacerbations of many nervous diseases, and the mensual period, which is not wholly confined to one sex. The rise and fall of temperature, in strict diurnal rhythm, corresponds to a rhythmical activity and depression of the whole vital economy, and the life of man, with its seven Shakesperian periods, from the puling infant to the slippered pantaloon, is but an extended rhythm.

There are according to some even longer cycles. A seven-year rhythm was recognised by our ancestors, and the eleven-year cycles of sun-spots have their counterpart in the activity of vital phenomena. All action of nerve tissue would seem to be periodic, the periodicity being more marked in those nerve centres, which are more or less removed from the influence of the will.

And first, as to the phenomena of periodicity in health. In the heart, for instance, the presence of blood acts as the appropriate stimulus to the cardiac ganglia, and the systole is due to periodic nerve discharge. In the lungs the carbonic acid is the appropriate stimulant of the respiratory nerve centres; respiratory movements ensuing only when the ganglia have accumulated a sufficient electrical charge. The discharge of nerve force is in this case also strictly intermittent and periodic. The nerve ganglia, indeed, are storehouses of energy, and all nerve action is always periodic discharge of accumulated force.

The following seems to be the natural sequence. An impression on a sensory nerve is carried to the spine. It

travels thence to the brain. There it may be either noticed as a sensation, giving rise at once to appropriate action; or it may be registered as a memory, the corresponding action being suppressed, or perhaps deferred for months or years. Certain molecules of the brain are rearranged in a form which absorbs a certain quantity of mechanical energy, which energy is stored for future use. But if the spinal cord is diseased, as, for instance, in tetanus, this energy, instead of being stored, may be immediately translated into motion. In that case it is not registered in the brain as a sensitive impression.

This latter fact, I believe, has not been duly noticed; but in several cases which I observed with that view I made out clearly that the tetanic spasm, although so painful to witness, was not painful to the patient in anything like the same degree.

A nerve centre, then, is not merely an apparatus designed to translate sensory into motor impressions, but it is a storehouse of force, an apparatus for the accumulation of nerve energy, which can be liberated under appropriate and often slight stimuli. Nature appears to have a mechanism of its own, whereby the accumulated charge may be discharged at regular intervals; just as the escapement of a clock regulates the striking, an intermittent discharge of force stored in the spring or weight.

Perhaps a more appropriate symbol would be that of the accumulation and storage of an electrical charge in a Leyden jar. It would be easy to make a mechanical toy which should occupy a definite time in being charged, and should be discharged at regular intervals, which might vary according to the strength of the source of electricity, and the distance apart of the discharging points.

There are, as we know, in the body, thousands of these nerve centres, perfectly independent of one another, which, like the soldiers in an army, have each its private habits, preferences, idiosyncrasies, though they all may be united by a superior authority for a single object, and are all subject to the common contagion of panic or warlike ardour.

If this then, be the theory of periodicity in health, let us turn our attention for a moment to the periodicity of disease. The researches of Tommasi, Crudeli, and Klebs have left it almost without doubt that the original cause of intermittents is the development in the system of the

germs of a microscopic organism, the *bacillus malarie*. But it is more difficult to determine what is the true cause of the periodicity of the disease phenomena.

There are only three possible theories which can at all account for intermittency.

One, that the crisis is caused by the development of successive batches of bacillar sporules, each crop of which produces a fresh dose of ferment, and thus produces a fresh impress on the nerve tissue.

The poison secreted by the sporiferous bacilli is in itself fatal to the continued life of the full-grown bacillus, just as the alcohol, if too concentrated, is fatal to the yeast plant which produces it. It does not, however, destroy the germs which are ready to develop and produce, in their turn, new symptoms.

The second theory of periodicity is, that it is due to a recurring periodic interference, like the phenomena of interference causing the *beats* in acoustics—an interference, that is, between the vibratile motion of nerve atoms and that of the nervine poison; the waves of interference reaching a maximum only every twenty-four hours, or at a longer interval. We need not have any difficulty in imagining such an effect from the slightness of the supposed cause, but I am not mathematician enough to investigate this theory further.

The third theory, which I am inclined to regard as the true one, is that the phenomena are due to a compound intermittent cause, partly the natural intermittent excitability of nerve tissue, and partly the intermittency due to the successive development and death of succeeding generations of bacilli. It would seem that the bacteria germs may lie perdu in the blood for months or years without any, or but little harm; but when once stimulated into development they cause a septic ferment, which acts as a nerve poison. Nature will eliminate this poison by the ordinary methods, but a paludal intoxication is meantime set up.

Thus there may be distinguished several distinct periods.

I. The period of infection, when the germs of the bacilli find entrance into the blood.

II. A period of latency, during which, perhaps, for years the germs may lie harmless in the body for lack of the necessary conditions of development.

III. The period of growth, during which the sporules develop into a germ-bearing bacillus. This growth is determined, either by the presence of external conditions of heat, moisture, &c., or by the resistance of the living tissues being for the time diminished.

IV. It is at some time during this growth that there is a production of the malarial poison, just as alcohol is produced during the growth and development of the *torula cervisiæ*.

V. Then follows the period of pure neurosis, of intermittent febrile symptoms, caused by depression of the nerve centres, or of irregular and abnormal stimulation, accompanied by discharge of their stored charge of force.

VI. When the nerve centres have been accustomed to discharge their stores of force after the lapse of a certain interval, a morbid habit seems to be formed, and except under the stimulus of the will, or of excitement, or medicinal action, this morbid habit remains long after the poison has been eliminated.

VII. The last period is that of organic complication, when the faulty nerve action has given rise to congestions and inflammations, resulting in disease of internal organs.

You will remember the principal types of intermittent—quotidian, tertian, quartan, &c. Of these the simplest is quotidian, in which the attacks recur every day, commencing morning, or towards midday. Is there any significance in these varieties of interval?

I cannot doubt that there is, when we reflect that the fever of paludal origin is almost always in the morning, while that of syphilitic pain is worse at night, and the fevers of phthisis and other cachexia is almost always in the evening. It would seem, however, as if the length of interval between the recurrences were of far more importance than the precise time of day at which symptoms occur.

We notice in ague then, the accumulation of force for twenty-four or forty-eight, or any other number of hours, and a sudden irregular discharge of that force at the end of that period. But that is not all. Periodicity of nerve tissue will not fully account for the whole phenomena.

That intermittency is not due to the nature of the nerve tissue alone is, I think, proved by the fact that the type of ague prevalent in one district shall be tertian, while every ague in an adjacent district shall be quartan.

Trousseau relates that fourteen soldiers came from

Saumur to Tours, and that after a residence of ten days in the latter city, nine of them were admitted into hospital suffering with quartan fever, the germ of which they had evidently contracted in Saumur, since the Tournian intermittent was of the tertian type, and a quartan fever was unknown there. Similarly in India each locality has its special type of fever.

If, then, the paludal poison may differ in different localities, so that one variety shall cause nerve discharge in twenty-four hours, and another in forty-eight hours, we cannot consider the rhythm as due entirely to peculiarities of nerve tissue.

In the *treatment* of intermittents, the scientific methods of cure are threefold :—

I. In the primary stage we may destroy the bacillus, provided it be fully developed. In this we imitate the action of nature, who poisons the bacillus by the very product itself has made. The most powerful, and at the same time most useful bacteria-cidal agent is, as you know, quinine, but even Trousseau allows that while the next approaching paroxysm of ague may be cut short by a single massive dose of quinine, the disease is not cured. Quinine seems to have no power over undeveloped germs, and must be again exhibited after an interval during which the germs may be supposed to have arrived at maturity. Hence, a large dose of quinine needs to be repeated after an interval of five days, and again and again with longer and longer intervals after each dose, so as to allow time for the alternate development and destruction of successive batches of bacteria.

This intermittent quinine treatment reminds one irresistibly of the process which Tyndall adopts for the perfect sterilisation of his hay infusions. The liquid is boiled, thus at once destroying the bacteria which are fully developed, but leaving a multitude of germs untouched. Neither heat in the one case, nor quinine in the other, is germicidal, though they are both bacteriacidal. Intermittency in boiling or quinine administration is necessary in order to allow time for the germs to grow into easily destructible organisms. Just so the housewife finds it impossible to destroy the eggs and larvæ of moths, but finds it easy to poison by fumigation the full-grown insect.

II. In the second stage, when a distinct nervine poison has been brewed, the quinine treatment by massive doses

is not sufficient. It is, we believe, positively hurtful in the third stage, when a faulty habit of periodic irritability has been set up. It is in these latter stages that homœopathy finds more specially its sphere.

It is, however, by no means easy to choose a true *simillimum* in these cases. It is not sufficient to attack roughly the nerve tissue by a spinal or a sympathetic irritant, but we must, if possible, pick out the very nerve centre or centres which are affected. Nor is even this sufficient, for a *simillimum* should set up in healthy tissue an action similar to the disease in time, phase, rhythm, and character of pain or sensation. For instance, let us take a case in point:—

A patient, suffering from obscure intermittent symptoms, observes a sensation of warmth, like blushing, on one of the nates. This is not accidental, for it recurs continually, and always in the same spot. It is so trivial one almost hesitates to record it, but, however unimportant, it speaks with absolute certainty of its origin. We can be sure that at some spot in the ante-vertebral chain of sympathetic ganglia there is one ganglion which we will call X, which is the seat of intermittent irritation. It is impossible for us to tell which is the ganglion, or how it is affected. If, however, among our drugs we have one which has been observed to cause a similar sensation in the same spot, we may predicate with absolute certainty that this drug has an elective affinity for the particular ganglion in question.

If, moreover, we know a remedy which will cause the same sensation in the same place, at the same hour, with the same regularity of occurrence, at the same interval, we may be well assured that the drug is in true harmony with the disease, and will most certainly cure it if exhibited in the appropriate dose.

It would be easy, by general sympathetic nervine excitants, to irritate, and thereby cause a continuous instead of an intermittent discharge of nerve force from the ganglion X, in common with its neighbours V, W, Y, and Z, but a true specific is in unison only with the particular centre, or centres, which are affected. As these are quite out of our ken, we are obliged to trust too often to those apparently trivial subjective symptoms which excite the derision of those who know nothing of our method.

Thus, in a regiment, music, like a sympathetic irritant,

acts as an excitant to every soldier in common. But the simillimum is like the appropriate tune which acts on personal idiosyncrasies. The Scotchman will thrill in sympathy with "The Campbells are coming," while the Welshman's martial ardour is stimulated by "The Men of Harlech."

Homœopathy, then, is a kind of transcendental organopathy, and its *modus operandi* may be explained by the theory of irritation of specialised nerve ganglia. Each ganglion has its special drug sympathy. At this we need not be surprised when we reflect that many thousands of generations of nerve centres have been differentiated in the process of development by selection and inheritance, till at last only one responds to the vibrations of light, one to those of sound, and one to scent.

Homœopathy is a more refined mode of counter irritation. Just as one violent emotion seems to destroy or prevent another—as anger is incompatible with pity and hatred with love—so it would seem that the vibration of one nerve, ganglia, or collection of cells, is incompatible with a similar vibration in an adjacent part of the nervous system. It is a question of the transmutation of force, for if we represent the ganglia, or nerve centres in the cerebro-spinal system by the letters of the alphabet A, B, C, &c., arranged vertically, then if E be excited by some morbid action, its neighbours, D and F, are not necessarily involved. Homœopathy alone teaches us how to distinguish between the disease in the adjacent ganglia, D, E, F, and G. Sensory nerve fibres conduct ordinary sense impression from the right knee, let us say, to D; from the left knee to E. Therefore, a drug, X, shall be the appropriate stimulus of E, while another drug, Y, shall have no action whatever on E, but shall cause in a healthy person a painful stimulation of D.

In a previous paper on "Pharmacodynamics" I have shown how it is conceivable that the cause of this tissue selection or election is to be found in the correspondence, or non-correspondence, in the number and phase of its vibrations between a centre and its appropriate stimulus. We should not forget that disease symptoms are but phases of tissue motion—and drug action is but the addition or transformation of motion in the body—that medicine is the science of morbid forces, not morbid matter.

To return to our subject, the symptoms of ague are not

due to irritation of a single nerve centre. It is a single neurosis, it is true ; but it is a compound neurosis, involving different varieties of nerve tissue. The chill and heat are not mere alternative effects, but different symptoms, caused by irritation of two different nerve centres. Thus there are frequently sensations of coldness on special parts, accompanying heat of the whole system. The malarial poison may cause in one subject a neuralgia ; in another an intestinal catarrh. It will cause in a rheumatic subject an endo-carditis, or gastralgia, or it may set up convulsions, or hysteria, thus proving that the brain, or the cord, the anterior or posterior columns, or the sympathetic system, or isolated ganglia, may be the seat of malarial irritation.

The paroxysm of pure ague begins, however, with a distinct chill, followed by a distinct heat, and that followed by sweat.

Now, Claude Bernard has pointed out that the sensation of heat should be referred to the sympathetic system, while chilliness is due to irritation of the spinal ganglia. Hence the primary chill must be due to spinal, the secondary heat to sympathetic action, while the sweat is due to the nervous apparatus controlling the glandular system.

Hence, as Lord has pointed out, ague medicines may be divided into two great classes—sympathetic and spinal irritants.

The number of usual ague remedies are few. Ruckert reports them as useful in the following order :—*Arsenicum*, *pulsatilla*, *nux vomica*, *china*, *ignatia*, and *natrum muriaticum*, as most useful ; whereas *bryonia*, *cina*, *rhus*, *veratria*, *carbo vegetabilis*, and *ipecacuanha* are of secondary importance.

The *spinal* irritants, which are more particularly *nux vom.*, *ignatia*, *rhus*, *eupatoria*, *veratria*, *pulsatilla*, *sabadilla*, may be, in Lord's opinion, further subdivided into anterior spinal and posterior spinal.

The *sympathetic* irritants are *arsenicum*, *ipecacuanha*, *natrum mur.*, *cina*, *chamomilla*, *colocynth*, *cimex*.

These generalisations, though useful in practice, are by no means sufficient. Homœopathy needs a more accurate specialisation of the exact locality of nerve action, and of the character of its phase or rhythm.

Whatever may be the ultimate nature and cause of periodicity in disease, we come to the question whether

there is a corresponding periodicity in the action of our remedies. This is not easy to answer.

Hitherto the theory of organopathy has more or less influenced our classification. If a drug is classed, it is indexed under the organ it affects. It is a purgative, acting on the bowels, or a soporific, acting on the brain. It is a nerve stimulant, or a heart depressor, as the case may be. All our repertories have been influenced by the fact that symptoms are classed as to the position of the affected organs.

But there is another point of view under which drugs may be classed, according to their similarity of periodicity of phase or rhythm. With this view I am anxious to introduce to your attention this time repertory of the *Materia Medica*, the work of my friend Dr. Salzer, of Calcutta. It was undertaken with a view to test whether the periodicity in our records of drug action was real or apparent only. Hence the work which I have here, and which I present to the Congress, and which I hope will, at some future time, be published. Samples of this time repertory will, through the kindness of the editors, be published from time to time in the *Homœopathic Review*. Its basis is Allen's *Materia Medica*.

We have had no time for verification of symptoms, and, therefore, the dele-niator—if I may coin a word—will have abundant opportunity of excision here; but I will not be so unfriendly as to anticipate the critics in pointing out all the disadvantages and imperfections of our plan. At all events I think we may claim that no symptoms recorded in Allen that have in the slightest degree a periodic or rhythmic value have been omitted.

At the outset difficulties were met with which were almost fatal to the success of the scheme. The original study of the day-books of the different provers can alone determine whether the time recorded was accidental or not. The labour of revision remains, and is a serious one.

Too often we cannot help an uneasy suspicion that we are not studying the periodic action of a drug at all, but only the purposeless vagaries of the observer.

For instance, "burning, biting pain in the eye in the morning" ought to mean, at all events, that the pain was absent in the night and afternoon, or at least that it was aggravated in the morning. It too probably means that the note was written or the observation made some time

before the narrator's luncheon, or perchance some time before a late dinner. The prover in mere *gaieté de cœur* chronicles the great event, and Allen stereotypes it to the plague and confusion of all future generations of students. Again, hiccough between 12 or 12.30 should mean, if it mean anything, that the prover had frequent attacks of hiccough coming on at mid-day. If not it is redundant and misleading.

Dr. Lord, in his work on intermittent fevers, says: "The pathogenesis of every drug is full of accidental, incidental, fanciful, idiosyncratic, and imaginary symptoms, modified by circumstance, condition, and habit, which symptoms have no relation to the nature of the drug. These exotic symptoms appear like echoes on every page." None but those who have tried can tell how difficult it is to root out these tares without destroying also the wheat.

The use of "the time repertory," at all events, will enable the student to get an idea of the time symptoms at one view, and will give a new idea of a portion of our *Materia Medica* from a novel point of view.

In conclusion I will read a paper on the same subject of periodicity, communicated by Dr. Salzer, which may be a fit introduction to the study of his time repertory.

PERIODIC DISORDERS.

By L. SALZER, M.D., Calcutta.

THERE are so many ailments whose especial peculiarity it is to appear, disappear, and reappear, all, as it were, of their own accord, that we might almost be tempted to divide diseases into two large classes, viz., periodic and non-periodic.

Granting, for a moment, such a division, we should include in the first class all disorders characterised either by regular or irregular recurrence, so that periodical and paroxysmal disorders might be gathered together into one class. The range could yet be made wider if we included in it all those diseases which manifest, during their course, regular or irregular aggravations or ameliorations. And in order to make the category complete, we might further add to it all diseases marked by some intercurrent symptoms of a periodical or paroxysmal nature.

From a strictly pathological point of view such a division could hardly meet with our approval. Intermittent fevers

and syphilis would be classified in the same rank because of the syphilitic bone pains which are regularly aggravated at night.

Yet it cannot be denied that periodic disorders, wherever met with, and in whatever way they may manifest themselves, have something in common. If they are not to be classified under one pathological head, they deserve at least to be considered in their ensemble.

It might be said periodicity is, after all, only a symptom accompanying a certain diseased state; it is merely the rhythmical expression of the manner in which a certain disorder manifests itself, but it by no means constitutes a disorder in itself. This is true enough. But then it is not less true that periodicity characterises often most emphatically certain diseases, and seems to be interwoven with their very root. If it be only a symptom, it certainly is, in many cases, a most characteristic one, and as such should, especially from the standpoint of our school, not be slighted.

We may almost say that all disorders characterised by periodicity of any kind are more or less of a chronic tendency; for there is no saying how often the cycle of appearance and disappearance might be repeated, besides which every such repetition tends to weaken the constitution, and consequently to engrave the evil so much the deeper.

On the other hand, we find many chronic diseases subject to all sorts of periodical and paroxysmal fluctuations if left to themselves. We need only hear the history of such sufferers who, in despair of all medical aid, have, once for all, made up their minds to leave evil alone.

And here a remark may not be out of place which might throw some light on our eventual failures in dealing with this class of diseases. It sometimes happens that we are called upon to prescribe in such cases, and the evil, to all appearance, yields to our treatment. After a time there is a relapse. We are called again; we examine the case afresh; we find the patient well-nigh in the same condition as he was at the time of our first treatment, and we consequently repeat our former prescription. To our great surprise we find, however, this time the disease to be stronger than our remedies, and we wonder how it is that a remedy which had been of so great service at first should show itself quite inert in its action on a second similar occasion. Delusion! The remedy had never been of any

service; the man got better the first time because he happened just to enter into the periodic stage of amelioration.

It is true, most of our remedies lose in some cases, and to some extent, their curative effect on repetition. Yet there are cases where periodicity is a potent agent in the apparent improvement of chronic diseases, and it is worth while, before accusing our remedy, to inquire where the fault lies.

If we look to our *Materia Medica* we find that those drugs which Hahnemann considered particularly suitable in chronic diseases are, as far as their pathogenesis is concerned, the richest in periodic symptoms; and arsenic which stands at the head of all the toxic agents at our command is richer than any of them in pathogenetic symptoms characterised by periodicity.

Little as we know about the pathology of periodic diseases, it would appear that they take their starting point, in common with all other diseases, from certain physiological laws governing our organism. The temperature of our body is subject to a rhythmical oscillation every twenty-four hours; and a similar oscillation has been observed, corresponding to the season of the year. But a rise and fall of temperature means a rise and fall of the stream of life. The first conditions of periodicity are thus physiologically engrafted upon our economy.

Seeing the importance of periodic disorders, it behoves us to ask ourselves in how far our school is prepared to meet them. That most of our drugs have produced some periodic symptoms in some of the provers has already been stated. That incidental symptoms, as they have now and then occurred in some provers, may have their therapeutic value, we all know. But can we point to any drugs which, in their pathogenesis, are more or less characteristically stamped by periodicity? Or are there others which produce in the healthy a certain disorder of a more or less pronounced periodical type?

There is no drug in our *Materia Medica* which could compete with *arsenic* as regard the periodicity by which its large pathogenesis is marked. In fact, there is hardly another drug which comes near *arsenic* in this respect. If we were asked—Could you produce in the healthy a disorder of a periodic type? We should say—Try *arsenic*. The bark of *cinchona*, and its alkaloid, *quinine*, stand in this

respect far below *arsenic*. The pathogenesis of *cinchona* is not particularly marked by periodicity; certainly not more than the pathogenesis of such drugs as *nux vomica*, *pulsatilla*, &c. And *quinine* has still less to show in this respect.

On the other hand *cinchona* produces in a most marked manner a certain disorder of a periodic type—the workers in the mills of cinchona bark are known to be affected for the first few days by attacks strikingly resembling intermittent fevers. In this particular branch of pathogenesis arsenic yields the palm to *cinchona*. A thorough proving of *chininum arsenicosum* is needed in order to enrich, perhaps even to complete, our knowledge in this respect.

Of the workers in zinc it has been said that they, too, are affected by regular febrile attacks in the evening, and Allen, in his *Materia Medica*, has given us a collection of facts which go to show that it is a characteristic of *morphium* to produce, in those who abuse the drug, attacks which can hardly be distinguished from intermittent fever.

That neither of these two drugs has been tried as yet in the treatment of intermittent fevers is hard to explain. As to *zinc*, Hering tells us that it acts better (therapeutically) when given in the evening—a clinical hint which has its significance in connection with our subject. Whatever may be the pathological nature of intermittent disorders, it is generally admitted that the nervous system plays a part in all these ailments, and we know, on the other hand, that *zinc* is one of our most potent neurotic agents.

Of *morphia*, as a therapeutic agent in intermittents, we know as yet very little, or next to nothing. Opium had, however, in former times a great reputation in the treatment of malarial disorders. It had been prescribed under the impression that it deadens the nervous system against the influence of malaria. Most of the quack medicines in India against intermittent fevers contain, up to this day, amongst many other ingredients, opium. And it would be worth while to inquire how opium eaters of that country fare with regard to immunity, or otherwise to intermittent fevers.

Coming now to the large number of drugs which have, each of them in their own way, produced some periodical attacks in some of the provers, we find, to our great surprise, that there is yet a great deal to learn for us, and, what is more, a great deal to unlearn, with respect to the

periodic symptoms they have yielded, and the therapeutic use we make of them.

Hahnemann has from the very beginning of his provings insisted that the time at which a certain symptom had repeatedly occurred, should not be lost sight of by the prover. He has thus shown us the way, how to meet periodic disorders. In our provings made since, we have followed his example, and have thus far acted according to the strict method of scientific experimentation. But when we come to gather the fruits of the large stock of knowledge we thereby gained, it would appear as if we had left the path of sound and practical reason altogether. It is in our repertories that the treasures of our *Materia Medica* are stored up for therapeutic use ; and it is just in these very repertories where the stumbling-block lies, touching our varied information about periodicity.

Suppose a prover while taking *chamomilla* had felt a toothache between four and five o'clock in the evening. He had never experienced a toothache before. What do we reasonably learn from that fact ? That *chamomilla* is capable of producing toothache in the healthy. Do we learn at the same time from that single fact, that the *chamomilla*-toothache is produced, or is liable to be produced, between four and five o'clock in the evening ? Decidedly not. After all, any event must occur at some time or other. Was it, then, quite useless on the part of the prover to have recorded the time at which his symptom occurred ? By no means. Let him only go on recording exactly the time ; the same symptom may repeat itself the next day, or any following day, just between four and five in the evening, and then his first record will be in so far useful to us, as it would be apt to show some periodic tendency of the symptom. Or there may be no repetition in his own case, but a fellow prover might have experienced the same symptom at the same time, and such a coincidence in two provers would no less go to show a tendency of the symptom to occur at a certain particular time. But whenever neither the one nor the other is the case, then the symptom has its therapeutical value as a symptom, but none whatever as to the time at which it had been recorded to have occurred.

If we look, however, to our repertories, we find that this consideration, so simple and evident, has been entirely disregarded. All the rubrics concerning time in those reper-

tories are faulty from beginning to end, because they have been slavishly transferred from the *Materia Medica*, without any discrimination. Most of the drugs enumerated under those headings of time have not the slightest pretension to periodicity. They stand there on the strength of one single occurrence in one single prover, at a certain stated time. And such being the case, they do more mischief than good; they mislead the inquiring practitioner. While a careful sifting in this respect is urgently needed, let us, however, not forget that pathogenesis is not the only guide in the selection of our remedies. Clinical experience is a great factor in the treatment of diseases, and many a drug which pathogenetically does not stand out as particularly periodic in its action, has proved itself to be of remarkable therapeutic service in some periodic varieties. To mention only one example. On reading the provings of *ignatia*, one could hardly detect that this drug had produced in any prominent manner disorders of an anticipating type. Yet clinical experience has here outrun the revelations of pathogenesis, and *ignatia* fully deserves its place amongst the remedies to be thought of in periodical disorders of an anticipating type.

There remains yet something to be said in connection with our subject, about alternating symptoms. We meet now and then with such cases. A man appears to suffer from two different diseases, as far as organopathy and pathology in general is concerned. He suffers for some time from some illness, which we will call A. Hardly has he got rid of it, then another disturbance, of quite another pathological character, makes its appearance in another organ; a disturbance which we will call B. A. and B. change in this way hands, to the despair of both the patient and the attending physician.

We are liable in such cases to recur to a double set of remedies, one of them corresponding to the disorder A, the other to the disorder B, alternating the respective remedies in the measure as the symptoms alter. It is thus a sort of therapeutic patchwork, the only merit of which consists in this, that it sometimes does succeed in benefiting the patient. A more precise study of the case may lead us to a remedy, which "covers" both groups of the symptoms A and B, and such a remedy would no doubt have more chance of success than the above combination.

Yet even then we shall often miss the case. For what

does it, after all, mean, when we say a certain drug covers both groups of symptoms? It means that our drug has produced in some prover or provers the symptoms A, and in others the symptoms B. But to bring to bear a compilation of symptoms, as derived from different provers, upon a given pathological case, in order to establish the wanted similarity between drug action and disease, is simply another attempt towards therapeutic patchwork. Again we may, for all that, meet with success, but we must not wonder if we fail. Nearer we should be to the mark if we could lay hold upon a drug which had produced in one and the same prover both the disorders A and B, and the drug which stands nearer yet to our case would be that which had produced in one and the same prover the symptoms A and B in alternation. The rubric of alternation is, however, as yet, very sparingly cultivated, even in our best repertories.

CLINICAL CASES, WITH REMARKS.

By S. H. BLAKE, M.R.C.S.

(Continued from page 402.)

CASE XII.

January 20th. Florence H., aged four and a-half, of very fair complexion and light-coloured hair, is brought for a troublesome cough and loss of appetite. The child is sickly-looking and pale, is very sleepy as a rule during the daytime, does not sweat during the day nor feel chilly, but at night tosses the bedclothes off and sweats much, especially if covered with too many clothes. At night there is heat of the skin, with sweat, and the perspiration is most marked on the head itself (not on the forehead or occiput, *calc. carb*). The breath from the mouth is fetid. The general weakness and anorexia have continued for several months, and the child does not improve, notwithstanding much medical treatment. Moreover, her mother, by medical advice, after it was found that physic did not succeed, took her for change of air into the open country of Dorsetshire. This was unavailing; the child got no better, and only fretted there. Here we see the change of air not accomplishing that end for which it is so often found adapted, and as we shall find, the child's system only waited for that therapeutic change which it may be could not be found in this country residence, but was

easily supplied by a small quantity of a suitable medicine in a very brief period of time. This change in the body having been accomplished, no doubt a change of air would prove much more beneficial than it had done before ; and to this end, I advised the mother. How often patients are sent for change of air in the hopes that this may perchance accomplish something for which an appropriate medicine has not been forthcoming, and how often hydropathy has to finish what therapeutics has not even begun. It is not possible to conceive, nor would it be a pleasant reflection ; not that one would wish to deny the immense advantages from both these sources of renewed health, nor limit in the least the justifiable application of these measures to suitable instances of disease. The natural reflection is that many such cases require in addition an appropriate medicine to induce recovery, and this medicine it is often the privilege of the homœopath to supply. To continue this child's history.—She had never had measles. Had had pertussis when only five months old, and was very ill with it. Had no other exanthem. Both parents living. Two other children, however, died in "measles and bronchitis." Her temperament is nervous ; she is quick and excitable.

She was ordered *silica* 6c., trit. gr. 1 ter die.

February 1st. In the short space of ten days after her first visit, I find her general appearance altogether changed for the better ; a healthier complexion ; the weakly, debilitated look almost gone ; and the mother reports her as "very much better. The sweatings on the head and the fetor of breath are cured." Her mother stated that "the third dose altered her, and after that she seemed quite a different child." The medicine was renewed for another week, at the end of which time she was cured. I then recommended her for change of air, to complete the building up of health.

SELECTION OF MEDICINES.

It is correctly asserted, as I believe, that on an examination of Dr. Allen's *Encyclopædia* it cannot be shown that *calcareo* has such a symptom as sweating of the head, implying that the hairy scalp is the part affected. At the same time, I cannot deny that cases where sweat does appear to come on this part, sometimes do well under *calcareo*, and especially so, where *calcareo* covers some of the other symptoms. Nevertheless, in the presence of so

many provings, giving us numbers of other symptoms for *calcareo*, this symptom being omitted, whilst *silica* has notably sweat on head, running down even on to the forehead, it would appear that the application of *calcareo* to this head-sweat is hardly exact enough to fulfil, in a proper way, the full demands of "The Law."

In the symptoms of the case cited, we note that range of symptoms which has long been considered the special feature of the dyscrasia called rickets, and although the general appearance was agreeable thereto, I could not assert that the joints were in any decided degree widened or expanded. To this state, *silica* has long been known and shown to be one of the applicable medicines as covering the symptoms. For us to state that *calc. carb* would have cured as well or better, or to state that a case having such symptoms has been cured by it, is not to establish nor to fulfil the law, but is only to overstep the grounds of the law as hitherto known, and to wait for proof. In the meantime, if we cannot absolutely prove *calcareo* strictly homœopathic thereto, and we do not, in such statement, clearly set forth that our observation is empirical, and not yet proven, would be to mislead and misinform those ignorant of its origin, as I have known to occur, a part which should never be willingly adopted by those desirous of being rich in medical wisdom. A similar statement would apply to cold, clammy extremities (legs and feet), no such symptoms being found among the myriads of symptoms recorded in Allen. On the contrary, nearly all the symptoms point quite another way. Heat and irritability of the skin of the extremities are well marked symptoms, and from many cases, so far as my observations extend, *calcareo c.* cures these symptoms, and I cannot say the same where it has been used for the cold sweaty condition. It is a matter of doubt whether the last named state is a truly homœopathic indication for *calc. carb.*, or, if so, whether it be not a very rare and exceptional kind of symptom for the use of this medicine.

Between this and *silica* the head symptoms clearly define the grounds of our choice. It becomes necessary to enquire of the patients if the sweat be actually on the hairy scalp, falling down, it may be, on to the forehead (*silica*), or whether only on the forehead, occiput, or nape (*calc. c.*), as also if there be bad smell of the sweat (*silica*); and to beware of not taking for granted the first answer or state-

ment of patients that perspiration is of the head generally, whereas on enquiry we may often find that it is on the forehead and face that they have actually seen it, and these persons on close enquiry often will not affirm that they have actually seen it over the hairy scalp.

It is scarcely necessary to refer to the provings for the symptoms of *silica* showing its homœopathicity to such a group of symptoms as that referred to, but they may be noted briefly as :—

Mental State and Head.—"Despondency, indifference, apathy, restlessness, fidgetty (fretting ?), vertigo, with sleepiness (day time), congestion to head, with burning, pulsation, and sweat of head (worse at night), profuse head sweat.

Conditions.—Open fontanelles, head too large, rest of body emaciated, face pale. Anorexia, aversion to hot food and meat. Tremor and debility. Sleep disturbed at night by startings, ebullitions (heats ?) and night sweats, and is unrefreshed in the morning. Dry cough with hoarseness, soreness of chest and tickling in throat pit." "Night cough" (throwing off the bed-clothes when sweating may cause this cough).

To compare this with other medicines, we might conveniently commence by directing our attention to one of the prominent symptoms, the head perspiration at night, and from this point of view, we have brought under our notice, that these symptoms occur but rarely when taken together as one symptom in provings, and hence it is not easy to find them in repertories in such a form that we can classify from them. We often look in vain elsewhere for that which can be found only from the internal evidence of the veritable provings themselves. On reference to the *Cypher Repertory*, to Jahr and Lilienthal's works, a number of medicines are pointed out for head-sweats. With some of them it is to be inferred or presumed that they may be applied to nocturnal head perspiration. There is one characteristic, however, of some value, namely, the desire to uncover, as with *ledum* and *spigelia* for instance, in contrast with others where there is sweat and heat, yet aversion to uncover. Whether this really depends upon the presence of increased heat, or the chill at the time such a symptom is recognised by the patient, is a further question. Of some of the medicines and their symptoms, referred to heat and sweat of the head, is here given in a list.

Nocturnal Head Sweat (especially of the Scalp and Head generally).

- Silica.* { Keeps the child awake, with heat of head and sour or fetid sweat.
- Cham.* { During sleep, sour, with smarting of skin.
- Bryony.* { Sweat generally profuse and sour.
- Bell.* { Heat predominating and burning heat [compare *calc. c.*], sweat during sleep, quickly disappearing.
- China.* { During sleep,
- Colocynth.* { Sweat smells like urine, causing itching of skin.
- Ledum.* { Night sweat, putrid or sour, chiefly on forehead; tendency to uncover. Heat and sweat in alternation with itching.
- Graph.* { Sour and offensive. Stains yellow.
- Merc.* { Clammy sweat (*nux. vom.*), but aversion to uncover.
- Hepar.* { Day and night without relief (compare *merc.*) and clammy sweat.
- Ipecacuan.* { Very offensive sweat.
- Puls.* { Sour, musty, at times cold, at night with stupid slumber; sweetish acid odour.
- Sepia.* { Every third night sour, offensive, like elder blossoms.
- Opium.* { Snoring, twitching, and cold limbs, head hot, heat with sweat.
- Phos.* { Sweat, worse during sleep, with increased urine.
- Nat. mur.* { Sweat on awaking at night and on rising in the morning (see also *kali* and *raph.*).
- Rhus. T.* { Sour, musty, or putrid sweat, with violent itching of the eruption.
- Staphisy-
nia.* { Sweat smells like rotten eggs; cold on forehead and feet.
- Sabadilla.* { Heat interrupted by shivering, and returning at the same hour. Sweat during morning hours.
- Dulc.* { Offensive sweat; eruptions on scalp; ringworm.
- Mag. mur.* { Averse to uncover; thirst.
- Spigelia.* { Offensive sweat; dull in the back; heat of face and hands, with desire to uncover.
- Carbo veg.* { Heat and sweats, mixed; profuse and exhausting; sour; putrid.

Others might be compared as:—*Sarsæ*, *raph.*, *rhab.*, *graph.*, *calc. caust.*, *caust.*, *nat. sulph.*, *camphor*, and *sulphur*.

That *calc. c.* should be used for any peculiar instances of disease where there occurs other than heat of skin, or heat of the skin of the extremities with perspiration, with notable chill or without it, it must, for the present, remain for those so employing it, to show in what kind of particular case it is so adapted. Lest any one should doubt that this drug can cure these symptoms of heat referred to, I will record one case, although many more might be easily given, to show how useful it is in these symptoms, which it is found so often to produce, in the provings. There is something worthy of note in Hahnemann's statement, that it would take an unnecessary amount of time and labour to recount all such cases, and to enter into all the reasons passing through the mind for and against this or that drug at the time of its selection. If, nevertheless, it may prove of any practical benefit to enter upon the record of cases cured, it is wise to do so, more especially as regards cases of a kind from which instruction may be gathered, or by which the memory may be refreshed.

CASE XIII.

On Feb. 4th. Robert D., a fair-haired, blue-eyed child, thin, and a little anæmic, aged two years, has been ailing for about four weeks, with depressed spirits, and disinclination for his play. He is restless, and the sleep is disturbed at night. There is, in this case, no sweating of the head or forehead noticed at night, but the head and the whole body are hot at night, and he is very restless with it. He suffered severely from this nocturnal feverishness two weeks ago, and required to be kept in bed for a few days.

There are enlarged glands in the neck and anorexia. On enquiry, there is no thirst notable either diurnal or nocturnal. *Calc. carb.* 3 trit. gr. 1 ter. die.

February 11th. Report. A good deal better after this medicine. He is more lively, says the mother, in disposition since taking it, and sleeps much better. "The lumps" in the neck are now gone. Appetite improved. He is now cured, she says, of "the heat of head and body, and the nocturnal restlessness, which for the past few weeks have been so troublesome. He has now taken to his play again."

In this instance the flesh had become soft, but there was

no marked wasting. However, I considered it better to use *calc.* for a week more, and repeated the medicine.

The differential degree between the suitability of this or that medicine is often to be decided by the temperament and general appearance of the patient. The colour of the face, the quality of the hair, the state of the mental disposition—all contribute to our differential power. There is an unhealthy appearance which corresponds well to *sulphur*, another to *iodine*, another to *ferrum*, and so on. As to heat of the head, again, how often *belladonna* is found beneficial in the plethoric face with red cheek, excitable temperament, with burning heat and redness to a marked degree in the evening, and nocturnal restlessness of a degree amounting in some cases to actual delirium. *Belladonna* acts better here at any rate, to begin with, than *calcareo*.

Again, *sulphur* gives us dulness, or irritability. The face sickly, eyes sunken with blue margins, or spotted redness of the cheek. The sweat at night on the nape and occiput, and a general sour sweat profuse at night. Heats in flushes.

Calc. carb. More restlessness and irritability, although mental depression as well.

Burning on the top of the head. Flushes of heat. Heat followed by chill and cold hands.

Face pale, and bloated [or very exceptionally yellowish] or pale and thin, with blue margins round eyes, or in a further advanced degree of illness, old and wrinkled looking.

Calc. phos. Peevish and fretful. Involuntary sighing. Face pale, sallow, yellowish, earthy, full of pimples. Dry evening heat, copious night sweats on single parts towards morning.

Iodium. Depression or excessive excitability. Face pale, yellow, or changing to brownish tint (children with dark eyes often present these signs), sullen, distressed expression; or paleness alternating with red. At night, flushes of heat all over, profuse sour night sweats, debilitating, and towards morning hours with much thirst.

These medicines and *belladonna* before referred to, being all so well known for their power over lymph glands, which were cured by *cal. c.* in the case cited, may be usefully compared with the latter medicine in reference to the anorexia, nocturnal heats, mental and physical depression.

The prevalence of these high temperatures implying, it is believed, a certain amount of waste in the heart and

muscular structures generally is suggestive of the value of tepid ablutions or of cold water if the child be sufficiently strong. This, apart from the medical treatment which it will support, becomes a valuable ally and auxiliary, to say nothing of the benefits of cleanliness and removal of old epidemic sheddings or of sweat products.

Last, but not least, the symptom thirst (not present in this case cured) occurs with the chill of *calc. c.* and diurnally, and is not a symptom of the nocturnal heat of *calcarea c.*, occurring then rarely, if ever, whereas it is distinctly produced by *iodium* in association with its night sweats.

CASE XIV.

S. J. W., girl aged 13; began treatment under my colleague, on July 29th, for a dry eruption of the occiput, with lice in the hair. This was the condition when first seen by myself. *Graphites* 12c. had been employed, and on first seeing her on August 8th this medicine was repeated.

August 23rd. No improvement in eruption. Has a new symptom now,—“itching and smarting all over the body and limbs.”

Nat. mur., 6c. t.d.

If this itching be pathogenetic from *graphites*—for the symptom is consistent with the action of *graphites* (itching)—and the other symptoms of disease remaining unbenefited, it warrants a change of prescription. *Nat. mur.* also causes marked itching, and hence, taken with the skin eruption, I considered that it might be suitable. The eruption consists of dry crusts, in separate portions, between the roots of the hair. The smaller portions of the crusts get detached by scratching, and some of them remain adhering to the hairs.

September 6th. Itching symptom gone; the occipital condition better.

September 13th. Decidedly better, both as regards local and general symptoms. Eruption of head beginning to disappear. Patient stronger.

September 27th. Continues to improve. Repeat.

October 5th. The scabby eruption around and on lower occipital region has entirely disappeared. The enlargement of the glands (sub-occipital and posterior cervical lymphatics), which had been previously enlarged to the size of beans, and very hard, has now subsided. Appear-

ance of hair greatly improved. Scalp healthy-looking and lice gone. The general health, too, is now good. As regards the symptoms for which she first came, the case was entered as cured; but on the same date another new symptom is noted, *i.e.*, "a running sometimes from the eyes and nose." (Pathogenetic, very likely.) It occurs in the provings. To discontinue treatment.

Nothing more is heard of her until November 1st, when she comes again with a fresh crop of eruption at the occiput and back of the neck. *Nat. mur.*, 6 t.d.

November 8th. Much better of eruption. Nape of the neck cured. Repeat.

November 15th. Still better. Repeat.

December 6th. Neck completely cured. Repeat.

December 13. Case quite cured, no eruption, hair and general appearance of skin healthy. The patient's appearance and complexion have much improved since she came under treatment.

CASE XV.

M. P., girl æt 19. Commenced treatment on August 16th for a scabby eruption about the occiput, with lice in the hair. Numerous eggs of *pediculus capitis*, and a soft scabby eruption between and adhering to the roots of the hair. *Nat mur.*, 6 c. t.d.

August 23rd. "Great deal better." Repeat. Lice in hair perfectly removed, so far as examination can demonstrate it.

August 31st. Head eruption much less. Repeat med.

The patient did not come again until September 27th, when the general health was found still better. The head disease gone. She came on this occasion for pain in the knees, of rheumatic character, and this was prescribed for, and then the patient was lost sight of, but the case had been previously concluded, so far as the head eruption and *nat. muriaticum* were concerned, and was, no doubt, completely cured after the last prescription on September 27th, by *bry. alb.* for the knee pain, which corresponded to the indications of that medicine.

Most of the cases successfully treated by *natrum mur.* for the kind of eruption just referred to, have been in pale, debilitated children, with fair hair. I have also known it followed by good results in a similar weak state of health, but where the hair is also of a darker hue, though having

the same discrepancy in quality and polish. I have the notes of another case of which I cannot, for want of room, give the full details here.

In this patient, a child of sanguine temperament, and naturally having a good deal of colour, had become pale, sickly-looking, and weak; with anorexia, pain in chest on breathing, soreness of the nose. After a fortnight's treatment with *nat. mur.* 6c., these symptoms gave way with a most satisfactory recovery of general health; but at this juncture I found that the head had broken out with a sore and scabby eruption, and the soft, moist, newly-formed scabs or crusts at the centre of the occiput, I found to be the central point of habitat of numerous fat, healthy-looking lice. Scabs, pale yellowish grey. Several lice around one of the largest scabs, and very busy moving about amongst the hair. Crusts easily detached. There is also a freshly formed scab, with soreness, at the edge of the right nostril. (Pathogenetic, perhaps.) It is interesting to observe that a crop of lice and eruption of this sort had not ever before appeared in this patient. They came out during the use of *nat. mur.* for other symptoms. If the outbreak were not induced by the *nat. mur.*, the due condition being understood to be actually present, it is not a little remarkable that this medicine should have been given at so opportune a moment, that the outbreak should be just imminent from the previously diseased state only, and also to have so occurred in just such a state of disease for which *nat. mur.* had been employed to cure the eruption and lice in other instances where the patients were in a very similar condition of ill-health before they received this medicine. This head trouble was not present when she first came to me. I cannot help regarding this as very likely to have been brought out by the medicine, and it is remarkable that the lice should have appeared quite suddenly and apparently contemporaneously with the eruption. And a similar remark applies to the eruption of the nostril. In the cases cured by *nat. mur.* I have observed that the hair is dull-looking, deficient in glossiness, and of a dry and inferior quality. Hering's *Materia Medica* gives "scabs on the head and axillæ, raw eczema, oozing a corroding fluid, destroying the hair. Impetigo worse on the boundaries of the hairy scalp, especially about the nape of the neck. Sore nose, interior of wings of nose swollen; scabs in the nose. Left sided inflammation and

swelling of nose; painful to touch. Nose on one side feels numb."

I have in my hand several more cases wherein the effect of this medicine (*nat. mur.*) has been no less effectual than in the foregoing instances; but I must defer giving the details of these to some future opportunity. In one, a patient forty years of age, rheumatic pains of the neck and shoulders, occipital pain, with eruptions and sore eyes, disappeared under the 6th attenuation of *nat. mur.*; and in the other, a girl of twelve, the occipital eruption and dyspepsia, with debility, were greatly benefited under the 6th, and finally removed under the 30th attenuation. I have used this medicine for a great number of similar cases—how many I am unable to say precisely—but it has been a matter of astonishment to me how rarely it has happened that such a group of symptoms has failed to give way very speedily to the medicine. Whereas, formerly, I was in the habit of using cleansing lotions or ointments and powders capable of killing the lice and cleansing the hair of the ova, a plan I do not doubt still followed by many, I have not found this necessary in a single instance during the past twelve months or more, since employing the *nat. mur.* internally. The lice appear to have an intense abhorrence of this drug or of the changes it produces in the scalp and hair, for they (in my experience) seem to disappear of themselves as soon as the system is brought under its influence. The improvement in the health either renders their presence no longer necessary or possible, and when the conditions essential to their vitality cease to be fulfilled, they also cease to exist. While I write, another instance comes to my mind, where a little girl of ten was for several years subject to lice in the hair and eruptions of the scalp—a pale, weak, and sickly child. The mother of this child shortly before her death informed those left in charge of her that they would find that want of cleanliness had not been the cause of this trouble. The view of the case taken by the dying mother proved afterwards to be correct, for this child continued to suffer from the same trouble for a year or more afterwards, in spite of close attention to cleanliness. After a fortnight's treatment by *nat. mur.* 6, I received a letter to say that the head had recovered the healthy condition. It must not be supposed that *nat. mur.* should remove lice in every case, nor unless the state of ill-health were suitable for this medicine.

In some instances I have used, with success, other medicines for the eruption, with hard enlarged glands beneath the occiput. *Hepar* and *rhus*, in succession, I have known effectual, but not so speedily for the entire group of symptoms, as when *nat. mur.* has been employed.

Diagnosis.—There are some other occipital eruptions with which this class may be confounded, unless the hair and scalp be examined. Thus itch is not nearly so unfrequent in this locality among the poorer classes as some persons might suppose. I have frequently known cases of eruption, with the characteristic symptoms of the itch, affect this part, together with other parts of the body, and in rarer instances about the head and neck almost exclusively. These cases give way rapidly to sulphur applications. Many eruptions of the scalp, however, which cannot be easily proved to be actually itch, nor perhaps the insects actually found, disappear quickly under a little sulphur ointment, and especially is this so with eruptions, itching at night like the typical itch. Hence, there is much more difficulty in drawing the line where the psora principle (itch of Hahnemann's chronic diseases) should end, and when it should begin. It cannot be doubted that true itch assumes many phases and forms, and brings out a variety of eruptions, and underlying this, there is, as we conclude, a basis of ill-health, of which the eruption and other local manifestations are but as the leafy expansion spreading from the deeply lying root. So far as I can observe, the diathesis, to which the lice and their eruption belong, forms a basis quite distinct from that of the itch proper.

Finally, as regards the various forms of ringworm, inspection, as a rule, discloses the nature of this easily, and we are assisted by the fact that if it occur under the occiput, which it does but rarely, it generally is by extension from patches further up on the scalp.

That there are several other kinds of eruptions than those here referred to, and differing from them, I am well aware; notably those hard, firmly caked crusts, which are commonly devoid of pediculi, and which form a distinct kind of complaint from those which I have described as being successfully met by *nat. muriaticum*, and that these are suitable cases often for *calcarea* has been frequently observed.

The *Materia Medica* enlightens us as to the scalp eruptions for *natrum mur.* in the following manner:—

“The scalp smells badly, musty; the hairs stick together; falling out of the hair. Sore when touched as if the hair were sore. Itching over the whole head; also violent itching on the head and nape of the neck. Scurf. Stiffness of the nape and by the occiput. Tension in the nape, with swelling of the cervical glands (symptom cured). Eruptions on skin:—Itching eruption on the margin of the hair at the nape of the neck (cured), temples, and also eyebrows. Itching, gritty rash behind the ear for several days.” The nasal eruptions of *nat. mur.* are well known—especially the inflammation producing vesicles, and ending by the formation of scab.

REMARKS AND SUGGESTIONS CONCERNING CERTAIN HOMŒOPATHIC TRITURATIONS.— FIRST PAPER.

BY J. EDWARDS SMITH, M.D., Cleveland, Ohio.*

LYCOPODIUM-SPORES.

SOME time during the month of January last a homœopathic practitioner of the city called my attention to excellent results in his hands, obtained from the tincture of *lycopodium*, and at his request I made a trial of the same preparation (made by himself), which, in turn, rendered me excellent service.

I then resolved to test the virtues of the first decimal trituration, which trituration I at once obtained from the pharmacy of Mr. L. H. Witte, of this city. In less than thirty days from this date I had occasion to prescribe this first dec. trit. in two difficult cases, and was in each instance rewarded by brilliant cures.

Three of the cases above referred to will hereafter be presented in this journal; one of these was a remarkably interesting case (which came to me from the allopaths), and demonstrates what can be accomplished at times by “rational medicine.”

Having thus applied the *clinical test* to the lowest decimal trituration of *lyc.* getting nice effects, the question

* Reprinted from the *New York Medical Times*, September, 1882.

very often suggested itself: Have I *now* the best possible trituration of *lycopodium*?

Shortly after my return from the late session of the American Institute this interrogatory became so often present in my mind that I determined to learn more concerning *lycopodium* triturations without delay. The first x trituration of Mr. Witte's was at once subjected to a five-hour microscopic examination, during which many mounts were prepared and diligently examined. During the whole of this examination I succeeded in finding but *two* whole spores. This, while the *débris* of thousands, if not millions, of spores must have passed under my eye.

The next day I called on Mr. Witte, asking for information regarding his method of preparing the first x trituration of *lycopodium*. Mr. Witte replied that he did *not* pre-triturate the spores dry, and that he had found it preferable in making the first x trituration to introduce the entire quantity of sugar of milk at once, *i.e.*, one part of *lyc.* spores to nine parts of *sacch. lac.*, and then triturate the whole for ten hours.

Mr. Witte kindly offering me all the conveniences in his power, use of his machine triturators, &c., the following series of experiments were at once instituted. These studies have been conducted throughout entirely under my direction and supervision.

It is proper here to say that the observations which I am about to record are a simple recital of results arrived at from my personal examinations of certain triturations of *lycopodium* spores. This record is not offered to the prejudice of triturations (by whomsoever made) which have not been subjected to examination. Nor shall I attempt (assuming the judicial) to assert what may be, or not be, possible to arrive at by triturations of the spores of *lycopodium clavatum*.

For want of space very many of the details of the microscopic work are omitted. One-half inch, one-quarter inch, and one-tenth inch modern objectives were employed, and also the modified vertical illuminator.

With these preliminary remarks I now proceed (as briefly as possible) with the recital of the experiments thus far completed. An exhaustive report is reserved for future presentation.

My first effort was to prepare a first x trituration

precisely according to Mr. Witte's previous custom.
Thus:—

(O.) = R. *Lycopodium* spores, one part, = $\frac{1}{4}$ ounce.
Sacch. lac. ... nine parts, = $2\frac{1}{4}$ ounce.

The *whole* of the above material was at once mixed together and then triturated continuously for ten hours, after which the trituration was carefully examined under the microscope, using powers from 500 to 2,000 diameters and upward. *I entirely failed to find a single whole spore, or even parts of spores large enough to be identified with any certainty. It is true that perforce of patient hunting, using very high powers, I did discover what I supposed to be very minute portions of the spore capsule wall, having a small portion of the minute markings attached. These minute fragments were "few and far between."*

Sometime during the next day Dr. Allen Y. Moore called at my office. Dr. Moore is the present incumbent of the Chair of Microscopy in the college here. I handed him a specimen of this "O" trituration, asking him to give it a careful examination. Dr. Moore's experience with the specimen was almost identical with my own, as the following letter (published by permission) will attest. It reads thus:—

"DEAR DOCTOR,—I have carefully examined the trituration of *lycopodium* (first x), as you desired, and think it without exception the finest ground I have yet seen.

"At my first glance, using a new Spencer one-inch objective, I was impressed with the idea that you had made a mistake, and given me the thirtieth in the place of the first x. But in a subsequent examination with a wide-angled four-tenths, I could see that there was enough of *something* besides milk sugar to justify its claim to being the first x of something, but not a spore could I see. I used a one one-tenth immersion, and at last fell back upon my oil immersion one-eighteenth. With the one-tenth and one-eighteenth I could occasionally see the surface reticulations spoken of.

"I have examined a number of first x triturations of various drugs, but do not remember ever having seen one which was finer ground than this.

"Very respectfully,

"A. Y. MOORE, M.D."

Next in order came the desire to ascertain more precisely as to the *amount* of trituration required to break up the spores. The initial experiment was repeated with the following variations :—

(U.) = *R. lyc.* spores one part, = $\frac{1}{4}$ ounce. } Mix.
Sacch. lac. - nine parts, = $2\frac{1}{4}$ ounce. }

(U^a) = “U” was trituated for two hours, and then examined ; but very few unbroken spores were found—say one per cent.

(U^b) = “U” trituated four hours. No unbroken spores seen.

(U^c) = “U” trituated six hours. No unbroken spores. Fractured portions are getting smaller.

(U^d) = “U” trituated eight hours. No unbroken spores. Fractured portions not much, if any, smaller.

Thus it seems that a four-hour trituration was sufficient to break down the spores. Desiring still more definite results, the next step was :—

(V) = *R. Lyc.* spores one part. = $\frac{1}{4}$ ounce, } Mix,
Sacch. Lac. - - nine parts. = $2\frac{1}{4}$ ounces. }

(V^a) = “V” trituated one hour. Twenty-five per cent. of the spores unbroken.

(V^b) = “V” trituated two hours. Now and then an unbroken spore was found—say one per cent.

(V^c) = “V” trituated three hours. Spores *almost* all broken up—say one-tenth of one per cent. unbroken.

Comparing now “U” with “V” I gather that four hours’ time is required to fairly break up the spores.

I now present a *second* series of experiments quite different from the foregoing :—

(L) = *Lyc.* spores *not* trituated.

(P) = One-fourth ounce of *lyc.* Spores trituated three hours. On examination ninety-five per cent. of the spores were found to be unbroken.

Comparing “L” with “P” it is to be remarked that, notwithstanding there are but few spores fractured in “P,” nevertheless the character of the “P” spores have changed materially. They are slightly darker in colour, and may, if not closely cross-questioned under the objective, deceive the observer. They become oily on their surface, and hence appear smooth and devoid of their characteristic markings (*i.e.*, the polyhedric surface markings). It was easy, however, to demonstrate that these surface mark-

ings still *existed*. A few experiments with "P" now follow:—

(P^a) = One-fourth ounce of "P."

+ One-fourth ounce *sacch. lac.* and triturate one hour.

Spores aggregated together (perforce of the oil?) ninety per cent. of spores unbroken.

(P^b) = One-fourth ounce of "P."

+ One-half ounce *sacch. lac.* and triturated three and one-half hours. Eighty per cent. of spores unbroken.

(P^c) = One-fourth ounce of "P."

+ Three-fourths ounce *sacch. lac.*, triturate 6½ hours. Ten per cent. of spores unbroken.

(P^d) = One-fourth ounce of "P."

+ One ounce of *sacch. lac.*, triturate 8½ hours. Only now and then can an unbroken spore be seen—say one per cent. unbroken.

(P^e) = One-fourth ounce of "P."

+ One one-fourth ounce *sacch. lac.*, triturated 11½ hours.

A tolerably prolonged examination failed to exhibit any whole spores. By comparing "P" with "O" I fail to see anything but disadvantage resulting from the preliminary trituration of the dry spores. Besides this preliminary triturating is attended with considerable trouble. The mass of the trituration soon becomes oily, and forms a slippery, pasty mess, over which the pestle glides with but little effective force. The mass requires almost constant scraping from the sides of the mortar.

This "P" experiment was next modified by adding the proper quantity of *sacch. lac.* at once. Thus:—

(Q) = One-fourth ounce of *lyc.*, spores triturated *alone* for three hours, and then mixed with two and one-fourth ounce *sacch. lac.*

(Q^a) = "Q" triturated one hour. Result: Fifty per cent. of spores unbroken. Characteristic surface markings to be seen.

(Q^b) = "Q" triturated two hours. Result: Thirty-five per cent. of spores unbroken. Characteristic markings to be seen.

(Q^c) = "Q" triturated three hours. Result: Twenty

per cent. of spores unbroken. No characteristic markings noticed.

(Q^d) = "Q" triturated four hours. Result: Ten per cent. of spores unbroken. No markings seen.

(Q^e) = "Q" triturated five hours. Result: After a tedious examination of this trituration, I succeeded in finding but one *whole* spore, and also about three-fourths of a second spore.

Experiments were now instituted in order to discover effects due to using *different qualities of the sugar of milk*. The "Q" trituration is next modified as follows:—

(Rⁱ) = $\frac{1}{4}$ ounce of *lyc.*, spores triturated by themselves for three hours. Then adding $2\frac{1}{4}$ ounces of a sample of sugar of milk known to be of inferior quality.

Mr. Witte informs me, in reference to this sample of *sacch lac.* that it differs from that used in trituration "Q," in that, by greater exposure to heat used in its manufacture and refining of it, it forms softer crystals, having less efficiency to cut and to break down drug particles in the process of trituration.

(R^a) = "R" triturated $1\frac{1}{2}$ hours. Result: Eighty per cent. of spores unbroken. The spores have become aggregated into "colonies."

(R^b) = "R" triturated two hours. Result: Sixty per cent. of the spores unbroken. The aggregations or colonies are somewhat more broken up.

(R) = "R" triturated four hours. Result: Fifty per cent. of spores unbroken. There are plenty of colonies still visible.

(R^c) = "R" triturated five hours. Result: Thirty per cent. of spores unbroken. The aggregations become much smaller, yet they are still to be seen.

(R^f) = "R" triturated six hours. Result: Twenty per cent. of spores unbroken. The colonies are tolerably well dispersed, yet the *tendency* in this direction is still to be noticed.

RESUME.—By comparing the triturations of "P" with those of "Q," it seems evident that time is lost by adding *sacch. lac.* in fractional portions.

Comparing triturations "Q" with those of "R," it appears that the *quality* of the milk sugar *affects* the results obtained by the process of trituration.

Comparing trituration "Q" with those of "U" and "V" the inference obtained that the time used in preparing the *lycopodium* by first triturating the spores by themselves is not only lost altogether, but that it required a longer time to triturate *lycopodium* thus prepared. This may be due to the fact that the preliminary trituration liberates (as I judge) about 20 per cent. of the oil contained in the spores, which seems to have the effect of massing the remaining 80 per cent. together, thus interfering with the proper action of the sugar of milk, as also with the proper action of the pestle upon the triturating mass. These suggestions occurred to me with much force while watching the "P" trituration during the introduction of the earlier portions of the *sacch. lac.* The triturating mass becomes an oily paste, which, under the action of the pestle, spreads out into a thinnish layer, lining the interior of the mortar, over which the pestle seems to *glide*, and in order to secure a better action of the pestle, the thin layer must be almost constantly scraped from the sides of the mortar.

The foregoing includes all that I have *now* to report concerning *triturations* of *lycopodium*. Further observation yet remain to be made. These will be reported at a future date. Experiments relating to the *tincture* of *lycopodium* have been some days in progress. Of these I here make but the bare mention, leaving results hereafter to be obtained for a future paper.

(S) = One-fourth ounce of *lycopodium* spores, plus two fluid ounces of ninety-four per cent. alcohol. Digested from July 31st to August 7th.

NOTE.—The above will be used as a *comparison* tincture.

(T) = One-fourth ounce of *lycopodium* spores, plus one-half ounce of emery. Triturated six hours. Then added two fluid ounces ninety-four per cent. alcohol, and digested from July 31st to August 7th.

Lycopodium spores have also been placed in the hands of Prof. Wood, for *special* analysis. His determinations will be reported at a future date.

August 10th, 1882.

THE HEADACHE OF *THEIN*.

By ROBERT T. COOPER, M.D.,

Physician, Diseases of Ear, London Homœopathic Hospital.

MRS. B., a hard-working needlewoman, dark haired, and of a nervous temperament, aged 62, consulted me in February, 1880, with a severe headache, which generally affects the entire head, and sometimes is localised in particular parts of the head, not preferring any one region. It comes on if worried, and is accompanied by much sinking of the chest and restless sleep. The digestion is feeble, but otherwise natural. On this occasion the headache ceased after taking drop doses of *ignatia* ϕ . She next consulted me in November, 1881, and then the symptoms were: Headache all over the head with sickness, keeps her awake all night, so that she remains walking about till 4 o'clock a.m.; it is accompanied by a sense of great depression, the pain in the head being that of opening and shutting; there is a sense of weight in the stomach after eating, though the bowels are regular; appetite good, and pulse pretty fair. Partakes but moderately of tea. Up till the end of the year she took *chin.*, *sulph.*, *strych.*, *sulphur* and *ignatia*, without marked effect; and in January and February of 1882, *ignatia*, *sabina*, *strych.*, *phos.*, *camphor bromide*, and then *strych. nitr.* were given; the last alone brought relief, and by the middle of March she considered herself sufficiently well to leave off treatment.

But the moment she returned to work the headache came back, and then I put her upon *thein* 1x, 5 gr., to be taken three times a day. During the first week of the *thein* the headache gave place to neuralgia of the left side of the face, which she never had had before. During the second and third week she remained all but completely free from headache, and then ceased taking medicine, remaining until the present quite free from pain.

We have not reported this case in full, but judging from the symptoms present from time to time while under treatment, would put down the headache curable by *thein* as a headache with great exhaustion of the system, restlessness at night, feebleness of digestion, and (not mentioned in the above report) a tendency to back-ache, with a weak, tiresome cough.

21, Henrietta Street, Cavendish Square,
October 17th, 1882.

MEETINGS.

REPORT OF HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this society was held at 100, Princes Street, Edinburgh, in the evening of September 6th, 1882 ; and, by adjournment, in the morning of the 7th.

There were present :—Dr. H. Nankivell, vice-president, in the chair ; also Drs. Blackley, Dyce Brown, Bryce, Carfrae, Drury, Gibson, Hayward, Kennedy, Madden, Moore, Pullar, Stephens, and Walter Wolston ; with Dr. Ludlam, of Chicago, as visitor.

After reading the notice calling the meeting, the Hon. Secretary read the minutes of the previous meeting ; these were confirmed and signed. He then read the report of the proceedings since the previous annual meeting. In this it was stated that six new members had joined the society, and, as to *work done*, chapter Back and Neck of the Repertory, prepared by Dr. Stokes, was published in October, 1881, and 500 copies printed ; and volume II. of the “ Re-translation of Hahnemann’s *Materia Medica Pura*,” prepared by Drs. Dudgeon and Richard Hughes, was published in January, 1882, and 1,000 copies printed. As to *work in hand*, there had been, during the year, several meetings and considerable correspondence between Drs. Black, Dudgeon, Drysdale, Hayward, Hughes, and others engaged on the revision of the *Materia Medica* ; and Dr. Black, having completed his arrangement of *digitalis*, *plumbum*, and *nux vomica*, had submitted that of *nux vomica*, as a sample, to the *Materia Medica* Committee for approval, and to the Publishing Committee for sanction of printing ; but after some discussion of the plan he had adopted, he had undertaken to make some modifications and additions. This had prevented him presenting these medicines to the meeting as ready for the printer, as he had hoped to be able to do. Dr. Clarke’s arrangement of *argentum nitricum* was reported as almost ready. Drs. Dudgeon, Burnett, Ker, and Edward Blake, were making progress with the arrangements of *mercurius corr.*, *phosphorus*, *conium*, and *secale*, respectively. Dr. Jessen, of Chicago, had nearly completed that of *thuja*, and Dr. Hayward had nearly finished that of *crotalus*. It was, therefore, hoped that very shortly some twelve medicines would be published in a good-sized handy volume. Dr. Black and the British Homœopathic Society had each promised £25 towards the expenses.

It was here mentioned that the Bureau of *Materia Medica* of the American Institute was now also engaged in a revision of the *Materia Medica*, and that the secretary of the H. P. S., being a member of that Bureau, was in correspondence with the chair

man, and it was probable, therefore, that the two committees might work together.

It was further reported that Dr. Stokes had undertaken to prepare chapter "Generalities" of the Repertory, and had made such progress with it as to be able to promise its completion by next annual meeting. That Dr. Simpson, of Liverpool, was fairly well on with chapters Urinary and Male Genital Organs; and Dr. Simpson, of Glasgow, with chapter Sleep and Dreams. Dr. J. G. Blackley and Dr. Hawkes had in hand the chapters Skin, and Larynx and Chest, respectively.

And it was reported that, of chapter XV. of the Repertory, viz., Stools and Anus, there were only ten copies remaining; of chapter IV. (Eyes), V. (Ears), VI. (Nose), VII. (Face and Neck), and VIII. (Teeth and Gums), there were only three copies; whilst of chapter XI. (Appetite, Taste and Digestion), XII. (Acidity, Eructation, Nausea, and Vomiting), and XIII. (Stomach), there was not a single copy.

The financial state of the society for the year was the following:—

Payments	...	...	...	...	£857	17	6
Receipts	...	...	...	...	852	18	8
					<hr/>		
Balance due to treasurer	...	...	...	...	£4	19	8
					<hr/>		

In reference to this society we have the following communication from Dr. Hayward:—

"Gentlemen,—In the account of the discussion on the revision of the *Materia Medica*, on page 622 of the October Review, I am represented as having said I 'had received the above statement from Dr. Hughes as the proposal of the British Homœopathic Society.'

"This is scarcely correct; because it makes it appear that the resolution was the proposal of the B. H. S.

"The mistake has evidently arisen from my reading Dr. Hughes's statement without handing it to the reporter, and the reporter having omitted to mention my handing in the specimen, *aconitinum*; both of which Dr. Hughes, as representative of British Homœopathic Society, had forwarded to me for presentation to Congress, he himself being unable to be present.

"My reference to the specimen, and Dr. Hughes's remarks, should have followed the resolution (e) on page 622, and then your report would have been complete.

"Will you please supply the omissions in the November *Review* by publishing this explanation, and Dr. Hughes's remarks, which follow.

"Yours truly,

"JOHN W. HAYWARD."

The following are the remarks by Dr. Hughes, referred to by Dr. Hayward:—

"That the *Materia Medica*, needed for the practice of homœopathy, is a collection of the pathogenetic effects of drugs, needs no demonstration. From Hahnemann downwards, it has been universally recognised. But the form such collection should assume is another question. It would be answered differently, according as it is the practitioner's or the student's need which is contemplated. The former makes mainly an *à posteriori* use of the *Materia Medica*; in presence of a case of disease he consults it to find what drug has produced the nearest *simillimum* of the symptoms. For him the scheme form, with indices and concordances, as elaborated in the *Hahnemann Materia Medica*, is the best thing we can have; and such arrangements of medicines cannot be multiplied too far.

"It is otherwise, however, for the student, who has to learn *à priori* the actions of the medicines which form his armoury for warfare. For him it is essential that he should be able to read the provings and poisonings with drugs which we possess in *detail*, recorded as the symptoms were experienced. This, too, is now generally admitted, and few provings are given to the world primarily, in scheme form, as were those of Hahnemann and his immediate successors. But the detailed records, though in existence, are scattered through such a wide range of literature that they are not available for ordinary purposes. It seems to me that one of our undertakings in the sphere of *Materia Medica* should be the supplying of this need. S. Allen, in his *Encyclopædia*, has gone to the sources, but what he has drawn from them he has given as separate symptoms in a scheme. My proposal is that, from the same and other sources, we should obtain a series of pathogeneses like that of *aconitine*, which is now submitted to your notice. This has been drawn up by a committee of the British Homœopathic Society, and printed, for the sake of publicity, as an appendix to the October number of the *British Journal of Homœopathy*. If it is approved by the society, this body will probably undertake the work of preparing and publishing an entire *Materia Medica* so constituted. It would be much aided towards its decision by the opinion of the present Congress."

NOTABILIA.

THE LONDON SCHOOL OF HOMŒOPATHY.

On Tuesday, the 8rd ult., Dr. Dudgeon delivered the annual Hahnemann lecture, with which the work of the session is inaugurated. The audience was considerable—the Board Room of the hospital being well filled—and included many non-homœopathic practitioners. Dr. Dudgeon took for his subject, *Hahnemann, the Founder of Scientific Therapeutics*. Commencing by observing that Hahnemann had been dead nearly 40 years, and that we could estimate him in comparison with the great medical personages of the past, and fix accurately his place in the history of medicine, Dr. Dudgeon said he should in this lecture endeavour to show what that place was. As a preliminary, he would ask what was the aim and object of medicine? It was the cure of disease. As Hahnemann expressed it in the first aphorism of his *Organon*, “the high and only mission of the physician is to restore the sick to health.” It was necessary to remember this, for it had often been forgotten by some of the most illustrious names in the history of medicine. Anatomy, physiology, botany, chemistry, and all the other so-called collateral branches of medical science were but the means to the end—that end being the cure of disease. But the means had often been cultivated as though they were the end; and their cultivators were wont to look down on the therapist as though the cure of disease were but a poor thing in comparison with the study of disease as a branch of natural history, or with physiological or anatomical research. It was impossible to say when or to whom the idea first occurred that diseases could be cured by drugs. In the first edition of the *Organon*, par. 7, Hahnemann said, “There must be in medicines a healing principle; common sense tells us this.” But to the common sense of many there was no “must” about the matter. Unless we had been told that medicines had a healing principle we should scarcely have suspected it. On the contrary, seeing their uncomfortable effects when we swallowed them, we might easily come to consider them and class them among disease-producers rather than disease-removers. Having then traced briefly the history of early attempts to construct an art of healing, he gave, with some amusing detail, an account of the therapeutics of the latter half of the 17th and the first half of the 18th century. While the grosser elements of prescriptions of which he had been speaking were discarded by the contemporaries of Hahnemann, the therapeutics of his time, and for many years afterwards, remained as irrational as ever. When, in 1796, he first tentatively put for-

ward the idea that in the treatment of chronic diseases medicines might be given on the *similia similibus* principle, and when he launched his system, properly excogitated in his *Organon* in 1810, no signs had been given by the chiefs of the medical schools that they thought that complex prescriptions were irrational, that inflammations were not best treated by blood-letting, that frequent purgation was not eminently conducive to health, or that alteratives, meaning thereby, generally, mercury, pushed to salivation were not scientific remedies. Homœopathy was not "in the air" when Hahnemann wrote about it, nor for many years after the *Organon* appeared. Describing then the circumstances under which Hahnemann was by observation and experiments, first on himself and family, and afterwards with the aid of his class of students in the University of Leipsic, enabled to complete the six volumes of his colossal work, containing the positive effects of 64 medicines, the lecturer said it constituted a real treasury of *Materia Medica*, displaying the accurately observed effects of medicines on the human body without any alloy of hypothesis or conjecture. He proved his medicines in substantial doses, and he reduced the dose of the medicine he administered for the treatment of disease expressly in order to avoid the too violent effects of large doses. He varied his doses according to the nature of the medicine and of the disease. The great central truths of Hahnemann's teaching up to the time when he was driven from Leipsic by the hostility of his colleagues were—the demonstration by reasoning and proof of the truth of the therapeutic rule, "let likes be treated by likes;" the necessity for ascertaining the effects of medicines on the healthy human body; the administration of medicines in disease simply and alone, and in the precise form in which they had been proved; and the diminution of the dose for the purpose of avoiding its too violent action. So utterly opposed was he up to the time of his leaving Leipsic, to hypothesis, that he ridiculed the idea of our ever obtaining a knowledge of the proximate causes of disease. But after he had been driven from Leipsic, in his enforced solitude and isolation, as he grew old, he took to the dangerous course of spinning hypothesis, which being uncorrected by discussion with other minds, and incapable of being tested by experience at the sick-bed, he came to consider as truths of equal value with the great fundamental truth he had slowly and painfully elaborated by experiment and observation. It was during this period that he introduced all those surprising doctrines that have rendered his system so repugnant to the intelligence of educated physicians. He adopted the hypothesis of disease being a derangement of the vital force; of the spirit of a medicine being liberated from the matter; of the increase of power of a medicine by trituration and succussion; of the

origin of chronic diseases from three fixed miasms ; of the antipsoric power of certain substances ; and of a certain dilution being the appropriate dose for all medicines in all diseases. Had he remained at Leipsic the dogmatism and intolerance that are so conspicuous in the writings of the septuagenarian hermit would never have been developed in the society of sharp-witted and independent companions. Homœopathy would have remained what Hahnemann originally declared it to be—"rational medicine" *par excellence*—and its practitioners would not, as now, be handicapped in medical controversy by having to defend, explain away, or repudiate a number of crude speculations which were not of the essence of homœopathy, but which were clustered like parasites round that great therapeutic discovery, and which served only to hide its fair proportions by their unwelcome obtrusiveness. Having next glanced at what the greatest physicians of the past had done for practical medicine, the lecturer, observing that Hahnemann's was the one name in the whole history of medicine connected with a rational, simple, and efficacious system of therapeutics based on the solid foundation of irrefragable facts, concluded by speaking of the change he had wrought in the modern practice of medicine.

MODERN SCIENTIFIC THERAPEUTICS.

THE following extract from the *Midland Medical Miscellany* is an excellent example of the way in which the public are nowadays treated by highly educated scientific therapeutists of the "regular" school. Defend us from such "regularity" as this, which seems strangely akin to quackery :—

"You are called to see a sick child. You find that there is much pyrexia. The belly is as hard as a football and as hot as a new loaf, the bowels costive and the knees drawn up. The whole chest rattles during both respiratory movements. There is vomiting, coughing, shrieking and a decided tendency to convulsions. You move some of the joints and occasion evident pain. You ransack the patient for a sound and healthy organ, but fail to discover one. Now you are not asked for the diagnosis. That, of course, is *youngsteritis*—or congestion of the entire kid. The question is—What medicinal treatment is to be adopted? Answer :—Your surgery should contain a number of 1½ oz. phials, ready labelled and wrapped up, containing a mixture of *aromatic confection, chloric æther, bromide of potassium, bicarbonate of potass, dill water* and *syrup*. A bird-shot prescription is what is wanted to cover the needs of all doubtful and undeveloped ailments ; to be useful in every instance and harmful in none.

IS THERE A SPECIFIC URETHRITIS ?

In a "special article" in the September number of the *New York Medical Journal and Obstetrical Review*, Dr. P. Albert Morrow handles the question of the specific or non-specific nature of gonorrhœa. After a fair statement and a close analysis of the arguments for and against specificity, he concludes that the position of the *virulists* rests altogether upon pure hypothesis, and is wholly untenable, while all the facts—experimental, clinical, and pathological—are overwhelmingly in favour of the non-specific character of the gonorrhœal inflammation. When we apply the gauge of specificity to gonorrhœa it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhœa, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, &c. Again, in all specific diseases, there is between the time of infection and the first expression of the disease a period of incubation. No incubation, properly so called, characterises gonorrhœa. A drop of this same gonorrhœal pus, which may require two or three days to excite suppuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that the so-called incubation, depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from another attack—a peculiarity precisely the opposite of what is observed of gonorrhœa. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negatived in the clinical history of gonorrhœa. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of *virulists* treat all urethral inflammations alike.

CORRESPONDENCE.

HAHNEMANNIANS.

GENTLEMEN,—Dr. Pope admits that Hahnemann does not absolutely forbid the opening of an abscess or the use of soothing (non-medicinal) applications; but he accuses the Hahnemannians of being "guilty of this folly." Query: How can a physician be a Hahnemannian if he does not practise in

accordance with Hahnemann's teachings? Dr. Pope's logic is *sui generis*.

As supposed proofs of his assertions, Dr. Pope quotes the following instances:—

(1). He declares that Dr. Lippe "has repeatedly inveighed against the common practice of repeating a medicine at intervals of time, &c." Dr. Lippe is doubtless as well able to hold his ground against Dr. Pope now as of old, so I will only say here that if the latter had carefully read Dr. Lippe's articles, he would have found that in many cases he repeated the dose, as do all Hahnemannians when they consider the case requires it. But Dr. Lippe *cures* even when he does give a single dose, and what more does Dr. Pope ask for?

(2). Dr. Pope quotes me as saying "that in whitlow (and by analogy in other cases of suppuration) it is not necessary to evacuate the pus." In this quotation he has not observed "the totality of the symptoms." He has quoted my words shorn of their "conditions and concomitants." If he will read the subsequent sentences, he will find that I referred to cases where "the truly homœopathic remedy is given," and not to cases treated allopathically or pseudo-homœopathically. This makes all the difference. The views I here expressed were subsequently confirmed by me in another case of whitlow, where under the action of a few doses (not a single dose this time!!) of a very high potency of *hepar*, which corresponded accurately to the symptoms of that particular case, the pain was removed and the pus absorbed without any discharge. Dr. Rushmore, of Plainfield, New Jersey, U.S.A., has published a case verifying my statement, and Dr. Fincke has repeatedly verified it also. I recently treated a mammary abscess occurring after weaning. The *simillimum*, in a high potency, *first* relieved the pain and constitutional symptoms, and *afterwards* the abscess discharged without the use of the knife, and she made an excellent recovery. But if I find that the best selected medicine does not speedily relieve, then I know that, either from the imperfections of our *Materia Medica* or my own asinine stupidity, I have failed to solve the homœopathic equation, and then I evacuate the pus artificially as soon as possible; *but these latter cases do not heal up so well as when the simillimum is found and no knife required.*

(3). Dr. Pope's quoted case of perineal abscess I decline to receive as evidence, until I know the names of the two "Hahnemannians" referred to, and hear their version of it. At present I will only say that I was *not* one of them. Furthermore I can find no perineal symptoms under *croton*; and as the prescribers of c.m. potencies are very accurate in their selection of the remedy, this discrepancy stamps the case as one about which there is a mystery to be solved, even if it is not altogether apo-

cryphal. I am also under the impression that Dr. Lippe once published a similar case in Dr. Pope's own journal, cured with *plumbum*, without any operation. Dr. Pope had better look up this case and see.

(4). Dr. Pope accuses me of "disclaiming the use of any auxiliary." If he will insert the word "medicinal," he will be a little nearer the mark; and had he read my letter in conjunction with the statement which it was intended to refute, he would have seen that when I said my practice was "distinctively homoeopathic, and nothing else," I meant that I never gave *medicines* in any case of disease whatever, except in accordance with Hahnemann's rules. If I find that an abscess is soothed by a non-medicinal poultice or by bathing with hot water, I prescribe such treatment; but if I find that heat aggravates, I do not prescribe it. This is very different from prescribing a poultice in all cases "to draw it to a head," just as some routinists prescribe *hepar* in all such cases for a similar purpose. Some abscesses are made much more painful by poulticing.

While I am in the sphere of controversy, let me reply to the statement on page 511 of the *Review*. Dr. Drysdale could not in 1852 have "shown" that Jenichen's high potencies were really low, because he did not know how they were made. No one knew except Hering, and he communicated Jenichen's method to me both orally and by copies of Jenichen's letters. Dr. Drysdale's sole source of information was Rentsch's "conjectures," which are valueless.

Again, you state that Dr. Burdick has "shown" that Swan's "millionths" are really the tenth or lower. Dr. Burdick has *not* "shown" this; he has simply made an assertion. This assertion, with the promise to publish his experiments, was made just five years ago. As the promised experiments have never yet seen the light, I can only conclude that Dr. Burdick himself is not satisfied with them.

But the argument cuts both ways; for if Dr. Burdick's physical test is to be held conclusive against the altitude of Dr. Swan's potencies, Dr. Skinner's physical test must equally be held conclusive in favour of the enormously high degree of attenuation of the potencies made on his own plan, and that of Fincke.

Yours, &c.,

E. W. BERRIDGE, M.D.

48, Sussex Gardens, Hyde Park, W.

[The *petitio principii* is so obvious throughout the foregoing curious effusion that scarcely any reply is needed. I quoted Dr. Berridge precisely as he wrote, and could not be supposed

to supply what it now appears that he had omitted. I know nothing of Dr. Rushmore, but cannot attach any importance to the evidence of Dr. Fincke, who, I believe, asserted some years ago that by prescribing by post for a patient, with irreducible hernia, residing in Germany, he had completely cured him with some "potency" or other derived from his patented apparatus. The evidence of such a witness is worthless. As to the case of perineal abscess not being evidence, all I need say is that I had the account of it from the lips of the patient, and that before sending my rejoinder to Dr. Berridge's last letter to press I read it over to him, and he assured me that it was perfectly accurate. I cannot mention the names of the "Hahnemannians" without my friend's permission, and he is at present abroad. Dr. Berridge knows both very well—one especially well!—ALFRED C. POPE.]

ONE WAY OF TREATING PATIENTS HOMŒOPATHICALLY(?).

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—I recently heard a narrative of the experiences of a lady who went to consult a *soi-disant* homœopath, which is so startlingly original that I am tempted to hope you may insert it for the benefit of some of your colleagues. I give the story in the lady's own words :—

"I was ushered into the room after waiting for five hours. On remarking that the time had seemed rather long, the great man loftily exclaimed, 'What does it matter if you had to wait seven, Madam (! !); and what may be the matter with you?'

" 'That, sir, is exactly what I have come to you to find out.'

" 'Hum! Ah! want of tone, I see;' and without feeling my pulse, looking at my tongue, examining my heart, or asking one single question further, the physician took up a packet of powders from a lot of others, ready prepared, and handed them to me, saying, 'I think these will exactly suit your case.' I asked what the fee was, and was informed graciously that it was 'only a guinea.' Here my indignation got the better of me, and I said, 'And that guinea, sir, I decline to pay, or to take your medicine either; you have neither examined my tongue, or felt my pulse, which an ordinary chemist would have done, and then you give me some medicine which you say will exactly suit my case. No, sir, I will neither pay your fee, nor take your medicine.'—*Exit.* (Curtain).

On reaching home the lady wrote saying that after the very cursory examination he had made, he could know nothing of her case, but she would be glad if he would answer her queries, as to place of abode, climate, diet, &c., &c., and enclosed his fee. Strange to relate, the letter arrived, all her queries were answered, and a sheet of instructions given.

And this is what vast numbers of the public believe to be homœopathy. The above case I can vouch for. Plenty more if required.

I enclose my card, and am, Gentlemen,

Yours, &c.,

VINDEX.

London, October 15th.

NOTICES TO CORRESPONDENTS.

* * * *We cannot undertake to return rejected manuscripts.*

Poisoning by Carbolic and by Salicylic Acids and their Salts—Original observations, or references to above, urgently requested for Committee for Revision of *Materia Medica*. Address Dr. EDWARD BLAKE, 47, Seymour Street, W.

BOOKS RECEIVED.

The Homœopathic World.
The Students' Journal.
The Chemist and Druggist.
The Indian Homœopathic Review. Calcutta.
The Calcutta Journal of Medicine.
The New York Medical Times. September.
The New England Medical Gazette. Boston.
The American Observer.
Homœopathische Rundschau. Leipzig.
Boletín Clínico. Madrid.
Uselessness of Vivisection. Lawson Tait.
The Search after Truth. Dr. Drury.
Homœopathic Journal of Obstetrics. New York.
and Low Potencies. Dr. H. M. Paine. Albany.

1. Dispensary Reports, and Books for Review to be sent to JONAS BROWN, 29, Seymour Street, Portman Square, W., or to NEDDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and communications to be sent to Messrs. E. Gould & Son, 10, Abchurch Lane, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

THE LONDON SCHOOL OF HOMŒOPATHY.

A HIGHLY important meeting of the Governors and Subscribers of this institution was held at the London Homœopathic Hospital on the 26th of October. Its object was to receive the report of a sub-committee, appointed, at a meeting held in April last, to make enquiries regarding the incorporation of the School. As a result of their enquiries, the sub-committee presented a fully elaborated scheme of incorporation, the adoption of which was discussed and finally accepted on the occasion referred to. A full report of the proceedings will be found in another part of our present number.

The proposal of the committee is that the School should take advantage of the arrangements made in the Companies' Acts, 1862-67, which provide for the incorporation of scientific and other Societies by the permission of the Secretary of the Board of Trade. Under these provisions, various similar bodies are incorporated—such, for example, as The University of Durham College of Medicine, The Physical Society of London, The Philological Society, The Anthropological Society, University College, Bristol, The Institute of Chemistry of Great Britain and Ireland, The Institute of Mechanical Engineers, The College of Organists, The

London Society for the Extension of University Teaching, The Association for Home Hospitals, and fourteen other institutions of a like character.

The chief objection raised to the School taking this step was that the Charter it was proposed to apply for gave no advantages to the institution, and was consequently needless. One speaker went so far as to describe it as "a sham;" a piece of criticism which, had we not the Johnsonian dislike to punning, we should be inclined to regard as "a shame." At the same time, we have no doubt that the objection urged was entirely due to a quite excusable want of knowledge of the effects of a charter of the kind.

In the first place, it is perfectly clear that did not certain advantages, well worth having, pertain to the possession of such a charter, the bodies we have named would not have gone to the expense of procuring them.

We will, therefore, endeavour to point out what the chief of these advantages are. In their report, the sub-committee summarise them as consisting in rendering the management of the School more exact and precise; in strengthening public confidence in the stability of the institution; and in rendering its permanence more thoroughly assured.

One of the effects of incorporation, in the manner proposed, will be that the School can hold property in its own registered name; while dealing with such property is facilitated, and the expenses of trustees are avoided. It also becomes incumbent upon it to keep a registered office, a register of members and of councillors, and also of all securities, whether mortgage, bond, or otherwise. And under the deed of incorporation it is rendered imperative that the entire income and property, howsoever derived, shall be invested and applied solely to the maintenance of the credit of the institution, and the carrying out of the objects set forth in the memorandum.

The School thus at once becomes a public body, in the fullest sense of the term ; and any infringement of the obligations imposed upon it on the part of those entrusted with its management can be reported to the Registrar, and by him to the Secretary of State, and if proved, be visited with penalties on those who are responsible for its management.

Such provisions as these, do, we maintain, conduce in a very thorough manner to the precise and orderly direction of the institution ; and, in proportion as they do so, do they contribute to create confidence in the application of the funds provided by the public for its purposes.

The name of School becomes inviolable. It will be impossible for any other body to assume the same or any similar name. This is provided for by the 18th section of the Act, which states, as the first result of the granting of a certificate of incorporation, the creation of an institution as a body corporate "by the name contained in the memorandum of association ;" and again, by section 20, the Registrar is prohibited from placing upon the register any company having a name identical with that already registered, or one having a name so nearly resembling that of the previously registered company as to be calculated to deceive. Hence, the registered name becomes a right, and renders any attempt, through the use of a similar name, to divert money from the institution, whether bequeathed or subscribed, impossible without incurring a liability to penal consequences, which few, if any, would feel inclined to incur.

A great deal was made of the power of anyone to use the initial letters denoting membership of the School. To this it may be replied that the initial letters of any institution, howsoever incorporated, may be fraudulently used. The magic letters M.D., whencesoever obtained,

may be thus employed. For example: A quack doctor, who described himself as M.D., was on one occasion summoned for so doing before a bench of magistrates. When asked on what grounds he called himself a doctor of medicine, he replied that he had done nothing of the kind. To the further question, what then did he mean by appending the letters M.D. to his name, he answered that he meant that he required "Money Down." It was impossible to prove that he did not intend this interpretation, and law was powerless. Any cobbler may style himself an F.R.S., provided that he can produce evidence to show that he only desired that people should understand that he was a First-Rate Shoemaker!

There is, and can be, no copyright in initial letters, which may be made to do duty for any words commencing with them. But at the same time, there is a copyright in words; and no one, we apprehend, could use the name Incorporated London School of Homœopathy, without rendering himself liable to prosecution. This we regard as an important security in obtaining funds in support of the institution.

Further, by becoming a "body corporate," the institution acquires all the advantages of perpetual succession, and of having a common seal, under which any business in any part of the world may be transacted. So long as the members of the institution number seven, so long it exists. Its permanence, as an institution, becomes thereby assured, and an additional reason for public confidence is obtained. This idea of permanence was, singularly enough, regarded by some as an objection. It was argued, that we are in this way stereotyping homœopathy, that we compel the retention of the word homœopathy for all time, and so prevent the adoption of any improvement that may be made in therapeutics. Now we all know, and so thorough-going

a homœopathist as was the late Dr. CARROLL DUNHAM has admitted, that there is no finality in homœopathy. Medicine is a progressive science, and while we recognise in homœopathy the most advanced stage at which therapeutics has arrived, it is impossible to assert that there is not one still more advanced to be reached in the future. A reference to the memorandum of association shows at once that this has been fully recognised in two ways. *First*, in Article 8, sub-section *g*, which describes as one of the objects of the corporation :—

“ The advancement, encouragement and dissemination of professional knowledge, study and research, and the results thereof respectively by all or any of the following methods, viz. :—by the establishment and maintenance of physiological, pathological, pharmaceutical, chemical, botanical, surgical, and other laboratories, museums and institutions ; by the delivery of lectures and instructions in all or any branches of a complete medical and surgical education ; by giving prizes and rewards ; and by giving to such persons as—being already legally qualified practitioners of medicine or surgery in the state or country of which they are citizens—shall have attended such courses of instruction given by the Corporation during such a period or periods of time, and shall have passed such examinations as may from time to time be prescribed by the Governing Body of the Corporation (such examinations to be conducted by teachers, professors or practitioners of medicine or surgery duly qualified by law and appointed from time to time by the Council), a Certificate of Fellowship certifying the recipient's knowledge and proficiency in and fitness to practise ‘ homœopathy,’ or any modification thereof.”

How, we would ask, could a fuller scope of study and enquiry be well drawn than is here set forth ?

Then again, *secondly*, when the time arrives when homœopathy as a therapeutic method shall be superseded by something infinitely better, and when, in consequence,

a School of Homœopathy will be needless, it will be in the power of the corporation, by the 65th article, to be "wound up voluntarily, whenever a special or extraordinary resolution, as defined by the Companies Act, 1862, is passed, requiring the corporation to be wound up voluntarily."

A remark of Dr. DUDGEON's in support of this form of objection must be noticed. Asking what would be the effect of the memorandum on the School, he replied: "They would be crystallised in their present form, and they would never be able to stir from the terms of that memorandum. Medicine was a progressive science, and homœopaths were not going to stand still any more than were their medical *confrères*. Even now, homœopathy is modified from what it was in the time of HAHNEMANN. Why should the School be crystallised in this way?" What is exactly meant here it is not easy to state with any degree of certainty. But how an institution, which obtains a special right to give "instruction in all or any branches of a complete medical and surgical education," can be said to be less progressive than any other Medical School, we do not understand. Dr. BLACK regretted the proposed step because it would prevent our being able to get away from the word homœopathy. Some, we hope, still survive amongst us who are prepared to sustain the use of this word in all suitable places, and under all appropriate circumstances; some there are yet who do not desire its abandonment, in deference to the prejudices and passions of an ignorant, intolerant, and domineering majority of the profession; and not only some but all, save a very few, who have realised the truth and value of homœopathy.

The simple answer to Dr. BLACK here is, that so long as the existence of this School is necessary, so long will the use of the word homœopathy be necessary. When it

becomes unnecessary to teach homœopathy, then the institution can be wound up and the word homœopathy be decently interred.

Dr. DUDGEON, as we have said, referred to the improvements which had taken place in homœopathy since the time of HAHNEMANN as affording positive evidence that further improvements would occur, which, from the objection he has to the use of the word homœopathy, we may suppose will involve its death and burial. While various alterations have been made in the method of putting homœopathy into practice since the days of HAHNEMANN—alterations which some regard as improvements, and which others do not look at in the same light—homœopathy itself is unchanged. The principle is still the same ; the properties of medicines are still ascertained by provings ; medicines are still given uncombined ; the dose is still small. This was the homœopathy of the time of HAHNEMANN ; it is also the homœopathy of our own time. No therapeutic doctrine has ever had so lengthy an existence. Before the day arrives to which Dr. BLACK and Dr. DUDGEON look with longing eyes, when homœopathy shall be rendered needless by some larger and more successful therapeutic method, homœopathy must be understood and practised by the entire profession of medicine. All improvements take place by a process of evolution. In all instances of scientific progress it is from the best plan that existed previously that the better, which is presently triumphant, was derived ; and it is from this that the still better of the future will be drawn. It is so with therapeutics. If a better method than homœopathy is capable of being devised and put into practice, it is from homœopathy that it must be worked out. Such being the case, it is all important that homœopathy be systematically taught. It is the best therapeutics of the

day, and consequently contains the germ of the best of the future. Where can this germ be better nourished and cared for than in a School especially devoted to give "instruction in *all* or *any* branches of a complete medical and surgical education?" Or in one, the very *raison d'être* of which is the investigation of homœopathy?

So far, then, from regarding the incorporation of the School as undesirable, because it will prevent our getting away from the word homœopathy, we look upon the enshrinement of that word in the memorandum of association as a distinct advantage, as tending to its conservation, so long as the vitality and development of homœopathy may be necessary for the advance of medical science.

This naming of the name of homœopathy with bated breath is, to us, one of the most deplorable signs of the times, so far as our therapeutic method is concerned. The desire, which is so frequently expressed or hinted at by a few, to see the word homœopathy blotted out of the vocabulary, is doing more than anything to check enquiry into what homœopathy is. Among those who entertain views of this kind are some who, we know, are as anxious to see therapeutics universally based upon homœopathy as we are ourselves. But what is the effect of their giving expression to such desires upon those who do not know these our colleagues? Its effect, unquestionably, is to cast a doubt, and a good deal more than a doubt, upon their sincerity, upon the reality of the convictions they have professed. "See," it is said, "here are men who have professed to believe in homœopathy, who are supposed to have practised homœopathically, who have appeared to work earnestly and unselfishly in defending the doctrine they have espoused through many long years, and now they are striving to extinguish the name of this very doctrine they have seemed to believe in and to practise;

can such a doctrine as this be worth the trouble of an enquiry?" This is no mere hypothesis. An argument of this kind has within our experience had the very natural result of stopping an enquirer into homœopathy from pursuing his investigations. It becomes, then, particularly incumbent upon those who feel that the teaching of homœopathy is a public duty, and that this method cannot be effectually taught without the use of the word, which for nearly a century has defined it, to take every precaution that this word is not lost sight of before its time—and most assuredly that time is not yet. One such precaution is taken when it forms part of the title of our School.

Another objection brought forward was that the School, in this memorandum, sought power to grant a certificate of knowledge of the special subject taught at the School to those who had been found to possess such a degree of that knowledge as to entitle them to evidence of their having acquired it. This, we confess, rather surprised us. The objection to the proposal made last winter by a meeting of the governors and subscribers to confer a diploma of Licentiate in Homœopathy, differs *in toto* from that now made. The "L. H." was a license in name, at least, and the use of this word gave the impression that the School intended to confer a power which they had no inherent right to confer, to issue a commission to an individual to do something which any medical man is at liberty to do. By the memorandum of association, it is provided that duly qualified medical men shall, after having had their knowledge of homœopathy adequately tested, have "a certificate of fellowship certifying the recipient's knowledge, and proficiency in, and fitness to practise homœopathy," given to him. We always understood that those who opposed the license were quite content that a certificate of this

kind should be awarded to fit and proper persons by the authorities of the School. The holder of the certificate becomes, by virtue of having it, a fellow of the corporation; but unless a subscriber and guarantor of one pound—a sum which cannot be required unless, on the winding up of the corporation, the funds in hand are inadequate to meet outstanding debts—he can take no part in the business of the corporation. The object here is to have a line distinctly drawn between the professional and lay members of the corporation, the former being styled “Fellows” the latter “Members.”

In endeavouring to ascertain, and after having satisfactorily ascertained, the sufficiency of the knowledge of homœopathy possessed by a gentleman who proposes to practise homœopathically; in giving him the right to describe himself as a Fellow of the School, we are doing nothing which is beyond our power whilst unincorporated. But while it is only just that so legitimate an end of teaching a special branch of knowledge should be included in a memorandum of this kind, it is also necessary that every intention of the School should be laid before the Secretary of State, that he may have the power to place his veto upon any that it may seem to him unadvisable to grant. Whether there is any precedent for empowering a corporation to grant a certificate of this kind, in the manner set forth in the memorandum, we know not; but the privilege sought is one which can only result in good, can have no other end than the public benefit, confers no special power or right on any one. It is merely a *testamur*, on the part of an educational body, of the possession by an individual of an amount of knowledge adequate to enable him to turn to useful account the instructions he has received from the educational body in question. It is further fully set forth in the memorandum,

because the corporation must restrict its operations to the lines laid down in that document; and it is doubtful whether, if the Registrar's certificate were granted without such a provision being contained in the deed, the corporation would not be debarred in the future from doing that which, in the meantime, the School is perfectly free to do.

If the British Homœopathic Society is entitled to grant diplomas of fellowship and membership to persons who are merely proposed and seconded as such, and if the initial letters of such diplomas not only can be, but constantly are, used to signify that a knowledge of homœopathy is possessed by the fellow or member, surely a body which grants its fellowship only to those who have given evidence by examination of their knowledge of the subject, is, to say the least, equally entitled to grant certificates of fellowship! Any qualified medical man of good professional character, who is prepared to sign a declaration to the effect that he will do all in his power to advance the interests of homœopathy, is sure of admission to the Society, and can go forth, and, by describing himself as M.B.H.S., obtain the reputation of being familiar with the practice of homœopathy. With the Incorporated London School of Homœopathy something more will be required ere its fellowship is obtained, and that will be a something which it is to the public advantage should be demanded before a medical man is in a position to use his connection with the School in such a manner as to sustain his pretensions to a knowledge of homœopathy.

We conclude, then, that a deed of incorporation, such as it has been decided to apply for, gives a security to the property of the School, and ensures the expenditure of its funds in a clearly defined manner, far more fully and completely than is the case with a purely voluntary association. There is in the former instance a direct State control

which does not exist in the latter. As the School funds amount now to nearly two thousand pounds, and as there is every probability that this sum will be largely increased, especially if this additional security is obtained, it is eminently desirable that every effort should be made to acquire it.

The certificate of fellowship it is proposed to confer upon those who have by examination shown that they possess a knowledge of homœopathy sufficient to enable them to practise homœopathically, is entirely free from any of the objections which were alleged against the Licentiate in Homœopathy diploma. It is a document which the School would be perfectly justified in giving without any deed of incorporation.

The deed has been described as "commercial;" but inasmuch as it emphatically prohibits the members from deriving profit from the operations of the School, or from its invested funds, such a description is simply misleading.

As we have pointed out, this deed of incorporation, if obtained, will give to the property of the School and its distribution increased security; and, by doing so, will add to the public confidence in the orderly and efficient management of the institution.

Were there no other advantage to be obtained from incorporation, it, and it alone, would form an ample justification for making the effort necessary to secure it.

VETERINARY SCIENCE, PAST AND PRESENT.

WHY HOMŒOPATHY HAS EXERCISED LITTLE INFLUENCE ON IT; WITH SUGGESTIONS, AGGRESSIVE AND ENCOURAGING, FOR THE FUTURE.

By J. SUTCLIFFE HURNDALL, M.R.C.V.S., Liverpool.

WHEN we take into consideration the very large proportion of persons who in one way or another are interested in the welfare of the lower animals, it is surprising how marvelously little is known about those whose aim in life is to mitigate the various ills to which animal flesh is heir.

It is not surprising that laymen should sometimes—indeed, as a rule—be unable to account for the indisposition of their only too willing servants and pets, as it is impossible to learn anything from them subjectively; but one would consider that this very inability on their part would encourage a disposition to become better acquainted with those whose whole life is devoted to the alleviation of animal suffering, crude and imperfect though the knowledge of the practitioner may have been.

The vast amount of wealth which in Great Britain is represented by the value of horses, cattle, sheep, swine, and the various kinds of sporting dogs kept by gentlemen, either for pleasure, utility, or profit, should ensure to the veterinary surgeon a position of respect second to no other profession. It is, however, a fact, that until within recent years practitioners of veterinary medicine do not appear to have commanded, as a body, so high an estimate of their worth, nor to have occupied such an exalted position in public opinion as the members of the sister profession. There is no doubt that the high standard of opinion which is very properly taken of the value of human, as compared with lower animal life, in a great measure accounts for this; but the disparity in social and professional status between the two branches of medicine, so apparent in bygone times, requires a deeper explanation. It is not proposed to discuss here the why and wherefore; different persons will be able to offer each their own particular reason; it is merely stated as a fact, in order the better to compare the past with the present, and as a point to start from. In the opinion of many, to make such a comparison may appear invidious, but why should it? Those who understand the value to the human pathologist of the study of comparative pathology, will know that the intelligent student of disease among the lower animals has information at his disposal that may be of infinite value to the physician, and they will readily recognise the place that should be assigned to those who, in the practice of the veterinary art, have brought intelligence and education of a high order to bear upon their work.

It nevertheless remains a matter of surprise that there are still so many persons, for whom the well trained veterinary surgeon could save so much in actual pecuniary value if only offered the same opportunities of treating patients as practitioners of human medicine enjoy, who

neglect to call in professional assistance altogether, or leave it until it is too late for the professional adviser to have anything like a chance of effecting a cure. This is one of the difficulties against which the better educated veterinary surgeon has in the past had to contend, by reason, it is presumed, of the failures of illiterate empirics, who merely prescribe by rule of thumb, quite regardless of scientific reasoning. It is a difficulty, however, which is capable of being surmounted by a steady and consistent earnestness in the prosecution of duty, and by fostering a continuous and ever-increasing thirst for knowledge, a course which in the long run must tell its own tale.

For the past ten years or so the veterinary profession has recognised the importance of developing a higher standard of general and professional education, and led by several enthusiastic worshippers of the art, well qualified to undertake the arduous responsibility, much has been and is still being done in this direction. It is to this fact that thoughtful attention is invited, for it is of the first importance it should be understood that, as a profession, we are by no means at a standstill. There are those in our ranks who are keenly alive to the rapid strides that are being made in scientific discovery, especially in the sciences of physiology and pathology, and it may be confidently stated that the number, among our younger practitioners, who take a deep and growing interest in pathological research is steadily increasing. It requires only a corresponding stimulus to that enjoyed by students of the sister profession to ensure a proportionate amount of energy in this direction among the students and practitioners of veterinary medicine.

Important responsibilities, arising out of an ever increasing property in cattle, sheep, and valuable horses, are, and will more than ever in the future be, undertaken by men whose zeal for the honour of their calling is only equalled by the importance of the work they are called upon to perform. Reference is made to the future with a confidence that only one who is personally acquainted with the gentlemen on the teaching staff of the Royal Veterinary College, would undertake to anticipate; but it may verily be predicted that if the mantle of Elijah is allowed to fall upon Elisha, the present and future generations in the veterinary profession will be men of thought and mark, who will leave behind them proofs of useful lives, spent not merely for the

benefit of the lower animals, but the human race also, by reason of their contributions to the higher branches of scientific research. Without being invidious, we may be permitted to state that there are few men among the teachers of the special sciences who bring higher qualities to bear upon their work than the present Principal of the Royal Veterinary College; he is a man of culture; an enthusiastic and untiring worker; he possesses great ability to communicate knowledge; he has had the advantage of wide and extended experience; and he takes a deep and sincere interest, professionally and morally, in those who come under his influence.

Probably few persons among the laity are aware that quite recently the veterinary profession has obtained from the legislature an Act of Parliament which ensures to qualified members of the Royal College of Veterinary Surgeons that legal protection in the practice of their art, which, in the opinion of many, they should have enjoyed for some time past.

Henceforward, only those who have gone through the prescribed course of study at the Royal Veterinary College or one of the Scotch Veterinary Colleges, and thereafter passed successfully the examination before the examining body, from time to time appointed by the council of the Royal College of Veterinary Surgeons, can legally practise as and entitle himself a veterinary surgeon; those who were earning a living as practitioners prior to the passing of the Act of 1881, for five years before that date, may, by application to the council of the Royal College of Veterinary Surgeons, be enrolled as "Existing Practitioners," provided they satisfy the council that they are of good morals, respectable members of society, and sufficiently acquainted with the rudiments of treating disease to enable them to practise their calling with fair prospect of success; their place on the register will be distinctly defined under the heading of "Existing Practitioners," in order that no mistake may arise as to the position they occupy. Anyone who attempts to establish himself as a veterinary surgeon hereafter who does not hold the diploma of the Royal College of Veterinary Surgeons, renders himself liable to severe penalties under the Act; and it behoves the public in its own interest, as well as members of the profession, to see to it, that no one attempts to put this "Act" at defiance.

It may be interesting and useful that we should indicate what subjects the veterinary student has to read up and submit to be examined upon before he can obtain the diploma; they are as follows, viz.:—Botany, Chemistry, Materia Medica, Physiology, General and Comparative Anatomy, Morbid Anatomy, Horse and Cattle Pathology, and Helminthology; he has abundant opportunity of obtaining practical experience and making clinical observations, if so disposed, among the numerous patients admitted to the infirmary of the College; on this last point we refer, so far as personal experience goes, to the Royal Veterinary College, but doubt not that similar opportunities are afforded at the Scotch Colleges. There is also very superficial teaching in the practical work of shoeing; but of the superficiality we do not complain, as in our opinion the man who is well up in the anatomy and pathology of the foot is quite as well qualified, and probably far better, to give instruction what particular sort of shoe a horse may require, as he who is an adept at removing and putting on shoes, and who has swung the blacksmith's hammer until he has an arm like Hercules. For our own part, we have heard about "practical men" until we are nauseated by it; our motto is, let practice and theory go hand in hand, for the one cannot do without the other.

Whatever may have been the general public opinion in the past in favour of the so-called "practical men," it should be understood that there has always been a broad line of distinction between this highly favoured individual, who as a rule never had passed an examination in his life—and could not have done so to save it, had needs be—and the man who had qualified himself to practise by hard study and a stringent examination.

Such a statement seems at first sight to be not only unnecessary, but absolutely ridiculous; nevertheless there is good reason for making it, and no one is more responsible for its necessity than that portion of the public who from time to time require the services of the veterinary surgeon. The explanation is not far to seek. These gentlemen have not troubled *themselves* to find out who are really qualified and who are not; as a rule that man who is most addicted to surgical operations, wields the scalpel with the greatest boldness, or applies the cauterising iron with the least regard to the patient's sufferings, is he who is thought

most of ; or the selection of the practitioner is left to the discretion of the coachman or groom, neither of whom are as a rule competent by education to form an opinion on the matter ; they may be guided by hearsay, or, if unscrupulous, will try to find the practitioner who will lend an ear to propositions about "commission on the account ;" and it is useless to pretend that no qualified members ever lent themselves to such dishonest practices ; doubtless there are black sheep among our number as in every other profession and rank in life ; but it is hoped and believed they are few, and will continue to become fewer. Certainly this will be the case, if gentlemen will take this matter more into their own hands. Let it be understood, therefore, that the veterinary surgeons of to-day are no longer to be ranked with coachmen and grooms ; it is necessary to state this in the plainest language, because custom has so ordered it in the past.

Thanks to the unwearying and persistent efforts of such gentlemen as Mr. George Fleming, F.R.C.V.S., the present President of the Royal College of Veterinary Surgeons, Professor Robertson, Principal of the Royal Veterinary College, Professors Brown, Axe, Williams, and Whalley, the veterinary profession will take rank with the sister profession, and ere long draw forth full recognition by its own inherent activity, force, and power, from all men of science.

Readers of the *Review* will naturally look for some reference to the bearing and influence of Hahnemann's great principle upon veterinary medicine : surprise has been expressed that so few veterinary surgeons practise on homoeopathic principles, but an intimate acquaintance with all the circumstances furnishes an easy explanation to account for this. It is only during the last decade that veterinary medicine has lifted its head above a mediocre position, and it does not appear that the profession as a whole has evinced a sufficiently enquiring turn of mind to search for truth beyond the stereotyped rules they learned in their youth. Indeed, so customary has it always been to administer very large doses to veterinary patients, that the question of the dose itself was quite enough to convince the majority that Hahnemann's system of treatment was in their opinion nothing but an imposture. Unfortunately, few have been the men whose thirst for knowledge has induced them to undertake the laborious

task of investigation; crude empiricism has satisfied almost the whole body; homœopathy has been and still remains to the majority of veterinary practitioners a dark letter, and with a few exceptions, including Haycock, Lord, and Moore, to whom honour enough cannot be accorded, the science of similars has been recognised only in terms of reproach and scorn. This, however, need not be in the future. It is probably too much to expect that the leaders of veterinary medicine should condescend to the careful investigation of the Hahnemannian principle any more than do the so-called leaders in human medicine. Possibly they would consider it derogatory to their position; and maybe the spicy, though often bitter and venomous articles which now and then appear in the *Lancet* are much more satisfying to their literary appetite than would be the mental digestion by careful study of Hahnemann's, Bähr's, Jahr's, Dudgeon's, Hughes', Dunham's, and Hale's writings, with a view to the discovery of the real truth concerning this important subject. It does not follow, however, that this should be a hindrance to the development of homœopathic practice among the lower animals; if older members of the profession are satisfied to wander on in the darkness of therapeutic chaos, it must devolve upon younger men, whose minds are less biassed, to profit by the painstaking investigations of Hahnemann and his successors.

Here there is an opening for some young fellows who are in difficulty as to what shall be their future occupation in life—always provided that they enjoy the following qualifications, viz.: a good general education; some knowledge of the habits, management and peculiarities of various domestic animals; a respect for and love of animal creation; a taste for scientific research; a persevering and earnest determination to overcome difficulties. They should of course have satisfied themselves, so far as minds untrained in professional study can be, of the truth, value and importance of the law of similars; wisely keeping their own counsel as to their particular faith until they can afford to divulge it, lest unnecessary difficulties should be put in the way of their qualifying; for although we live in a free country, we are not allowed to be quite free to think for ourselves yet, specially in matters medical. At one time it was considered *infra dig.* to become a "Vet.," as members of this profession are, sometimes sneeringly, sometimes

patronisingly called; but now every man who chooses to hold up his head with dignity and reserved courtesy, whether he have to do with peer or peasant, will be met and received as a gentleman; this is one of the results of higher education, and inasmuch as the present President of the Royal College of Veterinary Surgeons has been in a high degree instrumental in bringing about such a condition of things, the privilege of pardonable pride may with pleasure and satisfaction be conceded to him. There is abundant scope in this profession for well educated gentlemen, and especially so if of sufficiently studious a turn of mind to lead to the steady investigation of pathogenetic effects among the different orders of animals; this is a study of profound interest when viewed from the homœopathist's standpoint, and productive of immense advantage clinically. Those who have been struck with admiration at the almost miraculous effects of homœopathically applied remedies in the human subject, may, if they will, see equally startling results effected thereby in veterinary practice; and the fact that so few have embraced the faith in this branch of medicine, while in the sister branch the numbers are yearly increasing, is evidence that a fair field of operations is open to those who may have the courage to enter it.

Attention has already been drawn to some of the difficulties that are experienced by the veterinary practitioner, arising out of the implicit, one might almost say blind, confidence placed in coachmen and grooms, and when it comes to the administration of homœopathic remedies the difficulties are by no means lessened. It has been the custom from time immemorial to give such massive doses to horses and other animals, and to resort to measures sufficiently heroic to produce the maximum of results in the shortest space of time possible, that these men are not unnaturally very sceptical about any good being realised by such minute doses as five or ten grains of a harmless looking substance, more like sugar than ought else, or by a tablespoonful of a draught which is all but colourless in a wine glass of water; moreover, to repeat these miniature doses of medicine three, or perhaps four times a day, involves, in their opinion, an amount of trouble which probable results do not, they consider, justify them in taking. The question arises, how is this to be obviated? One answer among others would be this! Let the master or mistress take upon themselves to explain that it is a

system which relies upon much smaller doses of medicine; that the remedies are specially prepared; that the family has experienced great benefit from this particular treatment; that inasmuch as the doses are smaller and less unpalatable, the animal is less likely to resist the administration; that the system is much more humane, and that the remedies effect real and permanent cures without interfering with the animal's general health or exercising any lowering effects upon its constitution; lastly, that it is the owner's wish that these remedies should have a fair trial, and that the man is expected to administer them strictly in accordance with instructions.

Acute diseases, such as colic, enteritis, bronchitis, pneumonia, pneumonic congestion, nephritis, and others of a like description, yield very readily to homœopathic treatment when taken in time, indeed, so rapid is the effect of the remedies sometimes, that attendants, and even, at times, educated gentlemen, appear doubtful that anything so serious after all was the matter. It is in cases of severe lameness, arising from longstanding chronic inflammations of the osteal, periosteal, and white fibrous tissues, that the ingenuity and patience of the homœopathic veterinary surgeon is put to the test; not that he cannot fall back upon abundant and efficacious remedies, nor that he is unable to effect a cure in less time than his allopathic confrère, but because a far greater amount of steady, persevering work on the part of the attendant is called for; it is not so much the administration of internal remedies, as the constant application of external ones that involves trouble. It is very much easier to have the horse blistered or fired, or to make the effect surer, have both done under one operation, than to systematically rub in a lotion of *arnica* or *rhus tox.*, night and morning, for a quarter of an hour at a time, and that often after spending a quarter of an hour previously in fomenting the part.

In the face of this, we can only urge all those who are genuine homœopaths to do what they can in promulgating intelligent ideas among their subordinates of the great advantages derived from homœopathic treatment; in this way great results may accrue, and the good of the cause be materially enhanced.

It is a very good thing for homœopathy that it does not require very much "championing," if we may venture to coin a word; give the system but half a chance, and it will

soon make itself felt and appreciated. Had this not been the case, it would have been stamped out of existence long enough ago; having truth, however, on its side, it has withstood all the onslaughts of the enemy, and will continue to withstand them. Were we to recapitulate but a few of the modes of treatment resorted to in the old school of veterinary medicine, it would make our readers' blood curdle in their veins; but we refrain, and satisfy ourselves by urging in conclusion all who have the prosperity of the rational and humane system of homœopathy at heart to do what they can to encourage its practice more and more among the lower animals.

248, Upper Parliament Street,

Liverpool.

8th September, 1882.

REMARKS AND SUGGESTIONS CONCERNING HOMŒOPATHIC TRITURATIONS.

FIRST PAPER (*concluded*).

By J. EDWARDS SMITH, M.D., Cleveland, Ohio.*

LYCOPodium-SPORES.

A SAMPLE of the same alcohol used in the preparation of "S" and "T" being at hand, my next step was to ascertain the specific gravity of the three specimens, viz.: "S," "T," and the alcohol.

All of these having first been brought to the exact temperature of the surrounding air, the specific gravity of each was determined by means of a 100 grain (60° F.) glass capsule, having a long capillary neck. This instrument was made expressly for me by Prof. Wood, of this city. The weighings were determined on my delicate balance (by the same maker), which is sensible to the 1-10,000th of a grain.

Capsule volume of distilled water

at 78° F.... ..=99.8140 grains.

Capsule volume alcohol=81.3280 "

Capsule volume tinc. "S"=81.5010 "

Capsule volume tinc. "T"=81.6670 "

* Reprinted from the *New York Medical Times*, October, 1882.

By computation, resting on the
 above data, we have specific
 gravity of the alcohol = 0.81479 ,,
 (Corresponding to 93, 1-2 per
 cent. nearly.)
 Specific gravity of tinct. "S" ... = 0.81657 ,,
 Specific gravity of tinct. "T" ... = 0.81819 ,,

Arranging these three specific gravity determinations for
 easy reference, we have as follows:—

(1). Spec. grav. of "S" = 0.81657 grs. } "S" greater by
 Spec. grav. of alcol. = 0.81479 ,, } 0.00178 grs.

(2). Spec. grav. of "T" = 0.81819 grs. } "T" the greater
 Spec. grav. of "S" = 0.81657 ,, } by 0.00162 grs.

A simple inspection of the above figures seems to
 suggest:—

First. That the effect of *lyc.* spores is to *increase* the
 specific gravity of the vehicle.

Second. That of the two tinctures, "S" and "T," the
 latter is much the strongest, and

Third. That positive advantage arises from the pre-
 liminary triturating with the emery.

While in the act of cleansing the glass capsule, through
 an inadvertence, I used distilled water, vice alcohol. A
 precipitation of *lyc.* immediately occurred which was at
 once put to a practical purpose, to wit:

Selecting two, 2-fluid drachm *flat* sample vials, I intro-
 duced into each respectively, 1-2-fluid drachms of samples
 "S" and "T," adding immediately to each, 1-2 drachms
 of distilled water. The *lycopodium* matter was at once, to
 a greater or less extent, thrown out of solution in both
 vials, the contents of each vial became cloudy. The
 particles thus thrown out of solution do not sink after
 standing quietly fifteen days. A result which might have
 been inferred from the specific gravity of the samples "S"
 and "T" as compared with distilled water.

The slightest glance, however, at these two vials demon-
 strates *instantly* that the tincture in "T" is very *much*
 stronger than that of "S."

The two samples of *lycopodium* tincture, after having
 been digested in alcohol for the period of time above
 mentioned, appear to the naked eye *almost* identical; they
 are each of a clear lemon or canary colour. On shaking

slightly both vials, the "T" sample seemed to be more oily and heavier than the "S."

(Note: The question here suggested itself, would it not be a good plan to determine accurately the specific gravity of *all* our homœopathic tinctures?)

If it be admitted that "T" is a much stronger tincture than "S," the question arises, may not "S" gain strength by longer digestion in the alcohol? To determine this point a second specimen of "S" = "S^a" has been prepared precisely like the first, excepting that the latter has been allowed to digest in the alcohol double the time given to "S," viz.: fourteen days, after which the specific gravity was determined as follows:

Capsule vol. of distilled water at	
74° F.	99.8631 grains.
Capsule vol. of tinct. "S ^a " 74° F.	81.5938 ..

Specific gravity of tinct. "S^a" ... 0.81705

Comparing "S^a" with "S" and "T" we have:—

- | | |
|----------------------------------------------|--------------------------------|
| (1). Spec. g. of "S ^a " = 0.81705 | } "S ^a " greater by |
| Spec. g. of "S" = 0.81657 |  | 0.00048. |
| (2). Spec. g. of "T" = 0.81819 | } "T" greater by |
| Spec. g. of "S ^a " = 0.81705 |  | 0.00114. |

Thus it becomes evident that "S^a" gained but little strength from the prolonged digestion in alcohol. Furthermore it is improbable that any amount of time would suffice to bring "S" to the standard of "T."

Repeating the "flat-vial" test with sample "S^a" and comparing with "S" and "T," the specific gravity test becomes at once confirmed by the eye alone.

Obviously, the spec. grav. of *lyc.* tinctures only becomes an index of strength when the spec. grav. of the alcohol is *known*. *Ergo*, diluting the alcohol with water would serve to increase the spec. gravity, and also to reduce its solvent properties.

It may be observed, on the other hand, that the "flat-vial" test is nothing more or less than a rough analysis by the *volumetric* method, and yet sufficiently determinate for the general purposes of the practitioner. In the case of *lyc.* the "standard solution" is simply pure water, which will always serve the purpose with all tincts. prepared with strong alcohol as a solvent. It would not, I opine, require

much study to adapt this vial method to the examination of nearly all our homœopathic tinctures.

My next experiment was to triturate the spores first with *alcohol* before adding the sugar of milk. In order to guard against the effects of evaporation the alcohol was added in fractional portions, thus :—

(W) = One-fourth ounce of *lyc.* spores triturated with two and one-fourth fluid ounces of 98, 1-2 per cent. alcohol, the alcohol was added in divided lots for three and one-half hours, finally adding two and one-fourth ounces of *sacch. lac.* Mix and again triturate.

(W^a) = "W" triturated one and one-half hours. Result: spores but little broken, and aggregated together in large "colonies."

(W^b) = "W" triturated two and one-half hours. Result: the aggregations or "colonies" become more numerous and smaller, yet the contained spores still appear to be but little injured.

(W^c) = "W" triturated three and one-half hours. Result: the spores are now observed to be getting decidedly the worse for wear under the pestle. Nevertheless, there are but few spores actually broken up, the "colonies" are getting smaller, but are plainly recognised.

(W^d) = "W" triturated four and one-half hours. Result: spores about the same as in "W^c" — a plenty of whole spores to be seen, say 30 per cent.

Thus far it will be noticed that all the triturations dealt with were prepared according to the *decimal* scale. I therefore deemed it advisable to introduce a *centesimal* trituration, as follows :—

(B) = 10 grains *lyc.* spores } = 1st cent. trit.
+ 990 grains *sacch. lac.* } Mix and triturate.

(B^a) = "B" triturated one hour. Result: no undoubtedly wholly unbroken spores seen. The fracture-spores congregate in masses.

(B^b) = "B" triturated two hours. Result: Five unbroken spores discovered.

(B^c) = "B" triturated three hours. Result: Four unbroken spores seen. Also several large pieces in a clump together.

(B^d) = "B" triturated four hours. Result: Three entire spores discovered. Also several pieces easily recognised.

(B^c) = "B" triturated five hours. Result: No whole spores seen. One large piece, as large as four-fifths of a spore, was discovered. Also several tolerably large pieces.

(B^f) = "B" triturated six hours. Result: No whole spores. Several tolerably large pieces noticed.

(B^e) = "B" triturated seven hours. Result: Several pieces are still to be seen, but no whole spores.

(B^h) = "B" triturated eight hours. Result: No whole spores. There were a few pieces still to be seen.

REMARKS.—Comparing "B^a" with "B^b," "B^c" and "B^d," it will be noticed that, although no whole spores were discovered in "B^a," the contrary was the case with the subsequent triturations; this apparent anomaly may possibly be reconciled when it is remembered that we are now dealing with a *centesimal* trituration, requiring a longer time to secure the *equal* diffusion of the drug throughout the mass of the trituration.

It is a rule among pharmacists, I believe, to triturate 100 grains ten times as long as they do 10 grains. Recognising this law, the whole amount of material triturated in "B" was arranged to approximately correspond to that of the (1st dec.) "O" trituration previously mentioned.

HAND-MADE TRITURATIONS.

By the courtesy of Dr. M. J. Rhees, of Wheeling, West Virginia, I am enabled to include in this paper the examination of the following hand-made triturations of *lycopodium* (prepared by the Doctor personally) lately sent to me for study under the microscope. Believing the details of the method pursued by Dr. Rhees to be of interest, I present them entire, to wit:—

His first decimal trituration is obtained as follows (I quote from his letter by permission): "I first rubbed one grain of *lyc.* spores in a Wedgwood mortar alone three minutes; scraped it together five minutes; rubbed five minutes; scraped five minutes; rubbed two minutes; = 20 minutes. Added one grain *sacch. lac.*, and rubbed three minutes; scraped five minutes; rubbed two minutes; scraped five minutes; rubbed five minutes; scraped five minutes; = 25 minutes (total 45 minutes). Added eight

grains *sacch. lac.*, and triturated three minutes; scraped six minutes; triturated six minutes; scraped five minutes; = 20 minutes. This is the 1st x trituration. Time = 65 minutes. Took out one grain, which I sent to you."

Microscopic examination.—The *lycopodium* appears in masses. My first observations over this specimen failed to show even one whole spore, which fact was at once reported to Dr. Rhees. A protracted subsequent examination, however, displayed one whole spore.

Dr. Rhees' second decimal = 1st centesimal trituration was prepared as follows (I quote again from his letter), to wit: "I now added 81 grains of *sacch. lac.* to the remaining nine in the mortar. Triturated eight minutes; scraped seven minutes; triturated eight minutes; scraped seven minutes; = 30 minutes. Total time, 1 hour and 35 minutes. This completed the 1st centesimal trituration, of which I sent you a powder."

Microscopic examination:—Two tolerably large masses of the drug seen; otherwise, it seems well distributed. My experience with this trituration was quite similar to that of the preceding, *i.e.*, on the first examination I found not one whole spore, but on re-examination I did discover but one solitary whole spore. In this connection I beg to refer the reader to my previous experience with my own 1st centesimal trituration. I can have no reasonable doubt that if the opportunity could have been had of a thorough re-examination of "B^a," the finding of a whole spore or two would only have been a matter of time.

PURITY OF THE SUGAR OF MILK.

A sample of the sugar used in all my machine triturations, and also a sample of that used by Dr. Rhees in his hand-made triturations, has been subjected to incineration for the detection of inorganic matter, to wit:

200 grs. of sugar used by Dr. Rhees

gave residue... .. = 0.020 grs.

200 grs. of sugar used by J. Ed. S.

gave residue... .. = 0.016 grs.

Consisting of *silica, alumina, lime, iron and phos. acid.*

CHEMICAL ANALYSIS.

The following letter from Prof. Wood, accompanying his analysis of *lycopodium* spores, will, I believe, interest the

profession. I therefore, with his permission, present it *verbatim* :—

“ August 27th, 1882.

“ DEAR DOCTOR :

“ I have just finished examining the *lycopodium* spores, with results as follows :—

“ Total amount of spores experimented on, = 25 grains ; ash, 0.5 grains.

Percentages.	Constituents.	
20.2... ..	Silica... ..	0.101 grains.
44.8... ..	Alumina	0.224 „
9.8... ..	Iron (ferric)	0.049 „
5.6... ..	Lime	0.028 „
7.1... ..	Phos. acid... ..	0.0855 „
1.0... ..	Potash & soda	0.005 „
	Magnesia, a trace—not weighed.	
11.5... ..	Loss, &c.	0.0575 „
<hr/> 100.0		<hr/> 0.5000 „

“ The combination of the elements is not quite clear, but probably the silica is a very fine sand, washed by the rains on to the *lycopodium* plants. I think I can detect the small grains even with my microscope. You can settle that point more satisfactorily by a thorough examination of the untouched spores. The alumina *may* come in the same way.

“ The lime and magnesia are undoubtedly *phosphates*, and the potash and soda should be *carbonates*, though I did not discover any carbonic acid ; the quantity was so small that it probably escaped notice. The whole work might be revised, using larger quantities.

“ As ever, yours truly,

“ (Signed)

N. B. Wood.”

It is interesting to note that of the eight constituents mentioned in Prof. Wood’s analysis, four of them, viz., *silica*, *lime*, *phos. acid*, and *soda*, were already recognised as analogues of *lycopodium*. See Hull’s Jahr., p. 33.

It so happened that I was present in Prof. Wood’s laboratory while the reactions for *phos. acid* were under consideration ; and on returning to my office, I at once compared the symptoms of *lycopodium* with those of *phos. acid*, as given in Dr. Lippe’s text-book. For the convenience of the reader, I have transcribed the identical or similar symptoms in parallel columns, thus :—

LYCOPodium.

Mind and Disposition.—Extremely indifferent; low spirited and doubts about his salvation; desponding, grieving mood.

Head.—Stupefying headache; pressing headache; sensation of scraping on external head; hair becomes grey early; baldness; hair falls out.

Eyes.—Cold feeling in eyes; inflammation of eyes.

Ears.—Over-sensitiveness of hearing; music and sounds affect ears painfully.

Face.—Swelling of nose; earthy, yellow complexion, with deep furrows; blue circles around eyes; a large ulcer on vermilion border of lip; eruptions around mouth.

Mouth and Throat.—Yellow colour of teeth; toothache; gums bleed violently on being touched; gumboils; dryness of mouth and tongue without thirst; posterior part of mouth covered by tough mucus.

Stomach and Abdomen.—Nausea in pharynx and stomach; accumulation of flatulence.

Urinary Organs.—Frequent desire to urinate, with discharge of large quantities of pale urine; greasy pellicle on urine.

Sexual Organs.—Sexual desire suppressed; excessive and exhausting pollutions; bloatedness of abdomen.

PHOSPHORIC ACID.

Mind and Disposition.—Perfect indifference; low-spirited; anxiety about the future; sadness; silence.

Head.—Stupefaction in forehead; pressing, tensive headache; feeling as if swollen and tender periosteum was scraped with knife; hair becomes gray early; falling off of hair.

Eyes.—Coldness in internal surface of eyes; inflammation of eyelids.

Ears.—Every sound echoes loudly in ears; intolerance of all sounds, especially music.

Face.—Swelling of dorsum of nose; pale, sickly complexion; lustreless, sunken eyes, surrounded by blue margins; pimples and scurfs on vermilion border of lip; lips dry, scurfy, and suppurating.

Mouth and Throat.—Teeth become yellow; toothache; gums are swollen; stand off from teeth and bleed easily; painful tubercle on gums; dryness of throat (palate) without thirst; hawking of tough mucus.

Stomach and Abdomen.—Continuous nausea in throat; rumbling in intestines.

Urinary Organs.—Frequent profuse emission of watery urine; cloud forms on top of urine.

Sexual Organs.—Sexual desire suppressed; frequent involuntary, very debilitating emissions; meteoristic distension of uterus.

LYCOPODIUM.

Respiratory Organs.—Shortness and oppression of breathing; cough with copious purulent expectoration; cough with expectoration of blood.

Extremities.—Arms and fingers go to sleep easily; skin of hand is dry; old ulcers on lower legs, with tearing, itching, and burning at night; swelling of feet around ankles; profuse sweat of feet.

Generalities.—The whole body feels bruised.

Sleep.—Sopor.

Fever.—Chills and heat alternating; violent perspiration; clammy.

Skin.—Bloodboils (periodically); inflammation of bones, with pains at night; caries and softening of bones; chilblains.

Conditions.—Whilst at rest the debility is mostly felt, but there is also great aversion to exercise.

PHOSPHORIC ACID.

Respiratory Organs.—Shortness of breath; cough with purulent, very offensive expectoration; cough with expectoration of dark blood.

Extremities.—Sharply marked deadness of one-half of fingers; shrivelled, dry skin of hands and fingers; ulcers on lower extremities with itching; feet swollen, sweaty.

Generalities.—Sensation as if body and limbs were bruised.

Sleep.—Great drowsiness.

Fever.—Chill and heat frequently alternating; profuse perspiration; clammy.

Skin.—Bloodboils; inflammation of bones, with burning at night; caries with smarting; swelling of bones; chilblains.

Conditions.—Most of pains are only felt during rest, and are ameliorated by motion.

Prof. Wood's suggestion as to the *silica* will be acted upon, and with the advent of cooler weather a supplement to the preceding observations will be probably given to the readers of the *Times*.

Cleveland, Ohio,
September, 1882.

INDICATIONS FOR REMEDIES FOR CHRONIC
DEAFNESS.

By ROBERT T. COOPER, M.D.

Physician, Diseases of the Ear, London Homoeopathic Hospital. Honorary Member, American Ophthalmological and Otological Society.

AFTER having had many years' experience in the treatment of ear diseases with homoeopathic remedies, upon looking back and considering the cases that have fallen to my care,

I feel inclined to divide all ear cases into two great classes—the *very easily cured*, and those that are *very difficult to cure*. To the first class belong some of the *simple* and most of the *complex* deafnesses (*vide* my paper in *Annals of the British Homœopathic Society*, read before the Society February, 1879), and to the second belong all three, but especially the *complicated* deafnesses.

The division into *curable* and *obstinate*, is in practice very obvious when we are called upon to express an opinion upon the probability of being able to effect any marked improvement.

In some cases of obstinate deafness it is really impossible to foretell what amount, if any, of improvement is likely to take place, and as to the period of time required to effect improvement, we are altogether in the dark.

For example, some time ago two ladies came to me suffering from deafness of a very obstinate description. The one was a lady of about fifty years of age, but young looking for this age, and with plenty of reaction in her system, who dated her deafness back some fourteen years; the other was an old lady of seventy, who had been deaf all her life, having had scarlatina at two years old, and had used a trumpet in public meetings “within the memory of man.”

In the former case one might reasonably have expected to do some good, in the other *it would have appeared to those not experienced in such matters*, impossible, and even as it was, the highest authorities of the day among the allopaths had declared the case beyond help.

It was not so, however, for under homœopathic treatment, I am proud to say, this lady is hearing well, and no longer uses a trumpet; and as the case is known far and wide, the impression made upon her friends is very considerable, many of them having consulted me in consequence.

But my reason for bringing forward these cases is to illustrate the difficulty that attends the expression of an opinion in deaf cases. In both these cases I had reasonable grounds for hoping that improvement would take place. In neither was there present any feature leading me to suppose the case incurable. In both cases it would have been, I feel convinced, inconsistent with my duty not to have undertaken the case, and yet in the one instance marked and immediate recovery resulted; in the other, I grieve to say, and that the apparently most curable, no improvement whatever was effected.

I refer to these cases simply "to point a moral." At some future time we may take advantage of one of them "to adorn a tale."

Comparatively few cases of deafness present any features justifying us in pronouncing them incurable. Instances of the curability of the most chronic forms of deafness are continually cropping up. In this fact rests our hope, and I must repeat what I have often insisted upon, that with fair play, if we only search out in a painstaking manner the indications for our remedies, we are, with homœopathy, in a position to do a great deal for the treatment of chronic deafness.

For myself I have tried all means that have been suggested for the relief of this obstinate affection, and from none have I derived any benefit worth speaking of, except from pure homœopathy.

The low dilutions, which I honestly confess I have a partiality for, act very well in recent and comparatively curable cases; while in obstinate chronic cases, however useful the low dilutions may be as inter-current remedies, it is upon the high dilutions we must depend for the completion of anything like a satisfactory cure.

In such cases as the following a low dilution will act very well:—

H. M. T., a gentleman, of 28 years of age, fairly healthy looking, of lightish complexion, and nervo-sanguine disposition, consulted me in the end of August for deafness, with recurrent abscesses, which settle in different parts, but generally upon the walls of the meatus of the right, but sometimes also of the left ear; has been getting much worse of late, the "gatherings" being attended with considerable earache. The ear discharged up till three or four days ago, and now feels hot, and full, and uncomfortable. The head sympathises with the condition of the ear, feeling heavy and uncomfortable also. Appetite is poor; sleep good; bowels regular; pulse fair. Has not had trouble with the wisdom teeth, and the family history is not unfavourable.

The right membrane is not perforated, but it is bulged outwards to a slight degree; is purplish looking, and the malleus handle is of a pinkish suffusion; the left membrane partakes of the same characters, though not bulged.

I lay stress upon this appearance of the membranes, as being a marked indication for *hydrastis*, 12 drops of the

of tincture of which was given to go over a fortnight, and 15 drops of the same to half an ounce of glycerine and water, to be used as a lotion to the right ear.

On 16th October he returned, saying he was quite well; the heavy feeling had quite gone from the ear, and his head felt much clearer. He could also hear every sound quite naturally (which was not the case before, though on coming to me the watch hearing was normal). The left ear became swollen soon after seeing me, but it came to nothing; and altogether, except for a slight hoarseness, for which I prescribed *manganum*, he feels infinitely better than he did.

This was an example of easily curable deafness; easily curable, that is to say, with the indicated remedy, but certainly not easily curable after the haphazard manner of the allopaths. The following is an example of very obstinate deafness:—

M. K., aged 24, living in the South of England, came to me with deafness, which had been coming on gradually for many years, the supposed cause being a succession of ulcerated sore throats. She has been to two of the leading specialists in London, both of whom declared her case to be beyond their power to relieve, and besides this, every now and then her family doctor has drawn a bow at a venture, but all to no purpose.

Up till three years ago her deafness got gradually worse, but now it appears stationary, upon which fact rests her only hope "that something may be done."

Miss W. has been a great sufferer from headaches, which generally end in hysterical attacks, but this has been rather less the case of recent years than formerly. With the monthly illness also much headache and pain is suffered, and on the third day she becomes hysterical. Hysterical attacks, however, never occur without good and tangible reason.

Complains much of noises in the head, but only when tired, and is subject to much sinking in the pit of the chest, but this also is present only when tired. Bowels are regular; appetite is fair; sleep fairly good.

Hearing.—None whatever on the right side; can just discern the tick of a watch when pressed against the left ear.

Tuning fork heard fairly, best with the right ear.

Membranes *pale*, presenting the appearance I have

described as accompanying *nervous* deafness (*vide* my *Diseases of Ear*, Second Edition, p. 178).

The indications for *picric acid* were very marked, the noises in the head and sinking in the chest being worse when tired (*vide Transactions of the International Homoeopathic Convention*, the Minutes of the Meetings, p. 136, where I make some reference to this), and the *alteration of the symptoms during a condition of exhaustion* point very clearly to it.

I wish particular attention to be paid to each report of the case, as it illustrates how, even if we choose the right remedy, we may often go astray from not disposing the dose in accordance with the varying requirements of the case.

On the 23rd January, 1882, I first prescribed a grain of *picric acid* to 6 ounces of water for this case, and on the 6th February again saw my patient, who gave this report: Wakes every morning with very much headache, and the headaches last longer than they did; *constant twitching of the left eyelid*; *noises still, which are a great deal worse on getting up in the morning and when tired*; monthly period has been on, but with much less headache.

Hearing rather better.

The italicised symptoms I looked upon as aggravation, and therefore gave instead the sixth decimal of *picric acid*, 7 drops for the fortnight.

20th February.—Has felt better, but hearing the same. The twitching of the left eyelid and the headaches are much better; noises are worse.

To have *ac. pic.* 6 ce., 7 drops for the *first* fortnight, and *terebinth* second decimal, 12 drops for the *second* fortnight.

7th March. Hears better; appetite not good; feels weak and easily upset. Had a very bad headache with the last monthly illness. Noises are much better. At times the hearing is markedly improved. Membranes of both ears look certainly more natural than they did.

Considering the improvement to be due to the *picric acid*, I gave it again in the 6th ce.

4th April. Is much better; slight but decided improvement; feels stronger, but still has head and backache after a short walk. To continue.

8th May. Decidedly better and stronger; general health much better. To continue for another month.

28th June, 1882. Returns, saying that it is two weeks since she took the medicine, and misses it greatly. On leaving it off her general health suffered, and her hearing became very painfully confused; then took cod liver oil, and felt better, but not so well as when taking the medicine. Noises (the noises are, I should mention, of a throbbing character) still continue, but are less.

To have two pilules of the same dilution of *picric acid* three times a day.

I heard nothing further of this patient till, on the 12th of this month, a friend of hers came to consult me in consequence of the astonishing improvement that had taken place in Miss K——'s case, so great, that it was regarded as perfectly remarkable by all her friends, and though her hearing had not entirely recovered, she yet was hearing sounds it would have been impossible for her to have done before, and was continuing to get better. A recent letter from this patient entirely confirms this report.

This interesting subject of the *tinnitus* of *picric acid* deserves further illustration.

In July, 1881, a brother practitioner brought his wife to me for advice for deafness which had come on from sore throats six years before; the right ear alone is affected, and it aches and becomes tender when lying upon it. Is much distressed with noises like booming in the ear. The right membrane is white and polished.

For these symptoms I prescribed a trituration of *ignatia*, and heard nothing further till the following year, when (June, 1882) her husband wrote to say his wife had been much better of the *tinnitus* after taking the *ignatia*, "though never quite recovered the hearing of the ear."

Now reports, that for the last two weeks she has had a return of the noises worse than before, with vertigo brought on by the slightest movement.

Tympanic membrane he describes as very tense and shiny, the malleus handle standing out prominently. These symptoms are ascribed to her having been overworked, seeing visitors, &c.

I ordered in reply to the above report, *ac. pic.* a grain, to be dissolved in 4 ozs. of water and a teaspoonful to be taken four times a day.

On 13th June, 1882, he wrote in great distress to say his wife was very much worse for the *picric acid*; during all Sunday and yesterday was worse than she has been yet.

the noises being very distressing, and for about an hour yesterday, when the noises were at the worst, the vertigo was very distressing, being accompanied by nausea, but no actual vomiting.

Fatigue, he describes, always produces marked aggravation of the noise, and vertigo has also a constant dull pressive headache, which is present even on waking, worse before rising than during the day.

Taking food relieves the vertigo, but not the noises, temporarily. The headache seems to extend all the way up from the root of the neck, and is worse in a line straight through, just above, and in front of the ears.

The above is a full, and, I think, *verbatim* report, as given me by her husband; it is well worthy of careful perusal.

Recognising aggravation, I ordered a drop of the twelfth of the *ac. pic.* instead of the solution of the crude substance, and soon after had a letter thanking me most heartily for the benefit my prescription had given; it was marked and satisfactory, and has proved a permanent relief.

Dr. Macnutt mentioned to me a case of a lady in whom *picric acid* had removed a zone of yellowish discoloration that surrounded the mouth, causing great disfigurement.

Possibly this may be amongst its indications.

21, Henrietta Street, Cavendish Square, W.

October, 1882.

BRIEF NOTES FROM CASE BOOK.

By T. E. PURDOM, M.D., Newcastle-on-Tyne.

Bright's Disease—Bronchitis.

Mr. J., æt. about 56, tailor.

Present condition, November 17th, 1875 :—

Bronchitis, with morning sickness. The latter, he thinks, is brought on by violent coughing. Heart hypertrophied and sounds muffled. Pulse fast and full, but feeble. Dull aching pain across the lumbar region. Urine somewhat scanty, with some sediment. Dull frontal headache and feeling of intoxication. Face puffy and pale. Bowels very protuberant, but from adipose tissue. Urine contains 1-12th of albumen, with some debris, also granular and fatty casts in small fragments.

Diagnosis.—Chronic tubular nephritis.

Prognosis.—Unfavourable ultimately, but favourable at present.

Treatment.—*Ars.* 3 x—2 x, and *ant. tart.* 3 x—2 x. Soon removed the bronchitis and reduced the quantity of albumen considerably.

He then took *ars. alb.* 3 x and infusion of *digitalis* (concentrated), 5 drop doses, being equal to forty drops of the ordinary infusion.

November 30th, 1875.—The last prescription has done him much good.

In 1882 he is in fairly good health.

Bronchitis—Rachitis—Whooping Cough.

Wilson, J., æt 19 months.

Bronchitis from exposure at open window. *Acon. Bry.* Previous to this he had been strong and well developed. Acute symptoms relieved. Restlessness; *Chamom.* and *china* for debility.

February 14th, 1875. Is teething. Languid; cannot stand; spine seems curving backward at root of neck as if from debility; chest is projecting in pigeon-breast fashion. *Rachitis* had evidently set in as a result of the bronchitis, and consequent debility during dentition.

March, 1875. He had *chamom.*, *calc. phos.*, *cod liver oil*, *syrup*, *lact. phos.*, *phos. calcis*, with as nourishing diet as possible. Regulated pressure on sternum to help the expansion of the ribs. Salt baths.

May, 1875. Difficult breathing; cough, with no power to expectorate; respiration almost normal; tonsils enlarged; feverish and fretful; great cephalic perspiration. *Bell.* 1, *Phos.*, 3, friction with cod liver oil.

May 6th, 1875. Cough much better, scarcely any perspiration on head. *Ac. phos.* 3 and *silicea* 6, were prescribed for this. The child kept improving a little till the autumn, when he began to lose ground again. A change to the seaside then picked him up wonderfully.

April 19th, 1876. For several days has been coughing, (brother has whooping cough) and though looking better I felt that if this developed into whooping cough, in his rickety condition, he would have very little chance of recovery.

He improved a little till April 30th, when his respiration suddenly became much worse. Cough paroxysmal but

very little power with it. No whoop developed; no expectoration; great distress; convulsions; death; the last severe symptoms lasting only fourteen hours. For the last attack he had *bell.*, *ipécac.*, *ant. tart.*; *cuprum* with brandy as a stimulant.

In this case the *bellad.*, *phos.*, *ac. phos.* and *silicea* were useful. Sea air had a very good effect; but there was no stamina to resist any fresh disease, and specially whooping cough.

Measles, Scarlet Fever, Acute Rheumatism.

M. W., æt. 7. Measles well developed, and treated in the usual way. As the measles rash was fading, he was evidently still far from being well; this was explained by the distinct rash of scarlet fever developing with sore throat, and swollen glands. Soon after these symptoms developed he complained of pains in various joints. Ere the scarlet fever rash was well away, he was evidently suffering from acute rheumatism with high fever. Two weeks saw him through what may be called three fevers; the finale being a profuse perspiration and a copious eruption of sudamina. The heart was slightly injured, and its action was quick and excited for some time after. I record this as an interesting instance of one fever merging into another; the one poison being in abeyance while the other was at its height. Some of his brothers had measles at the same time, but nothing more. There was nothing special in the treatment, save that I noted that *verat. viride* seemed to reduce the fever in its third rise very quickly.

Acute Chorea masking (for a time) *Rheumatic Fever.*
Cardiac complication.

L—., æt. 17. Works in Ship-yard. Two or three weeks ago his movements were noticed to be slightly irregular. Able to remain at work till a few days ago. Has grown very fast, but has had no illnesses to speak of. Generally very healthy. He is exposed to changes of temperature at work. Has been under treatment for some days, and has had a draught to moderate movements and promote sleep.

November 5th, 1881. Saw him for the first time, and found him suffering from excessive irregular muscular movements. These affected both sides, but specially the right arm and leg. Great mental agitation. Shouts out occasionally. Tongue swollen, protruded with jerks, and

furred. Speech thick and stammering. No sleep save from draught, which soon loses its effect. Bowels costive. No history nor complaint of rheumatism. Heart action excited. Systolic bruit; temperature 104°. Perspiring freely; the perspiration being sour. Urine high coloured.

Acon. φ and *actæa φ* were prescribed in fractional doses every alternate hour. These were taken for three days, with considerable abatement of the movements.

10th November. Movements less; looks very exhausted; mind wandering; heart is quicker. Rheumatism now developed in two or three joints. *Acon. 1 x*, *bry. alb. 1 x*.

11th November. Movements worse again. Fever still present. *Acon. φ*, *actæa φ*.

14th November. Violent movements, almost throwing himself out of bed. Delirious; shouting. *Actæa φ*, *stramon. φ* in fractional doses.

15th November. Slept several hours, which he had also done under *acon.* and *actæa* at first. The *stramonium* controlled the movements and mental state wonderfully. Continue *actæa* alone, giving the *stramonium* if necessary.

16th November. Reported much better.

18th November. Improving. Sleeping well; still slight movements, with partial paralysis of right arm and leg. *Actæa φ*, *sulph. φ*.

November 26th. Has been up. Cardiac sounds normal; pulse regular; all chorea gone. Still some want of power in right arm. Tongue raw (this was severely bitten at the first, when he had to be held in bed). *Liq. arsenicalis*, mj. ter in die. *Pil. sulph.* Nocte.

The action of *actæa* and *stramonium* in this severe case was well marked. I only saw the patient occasionally, as he lived at some distance.

REVIEW.

The Visiting List and Pocket Repertory. By ROBERT FAULKNER, M.D. Boericke & Tafel. New York.

WE have received a copy of this convenient visiting list for 1883. It is a veritable *multum in parvo*, for in addition to ample space for visiting list, it has also columns for daily record of medicines prescribed which are often apt to slip out of the memory. The Repertory at the commencement is of necessity brief, and without pretending to be more than a mere sign-post to a remedy, yet will serve well enough when larger volumes of reference are out of reach. The book is well got up, and much superior to many visiting lists we have seen, and has an additional claim to notice in being purely homœopathic throughout.

MEETINGS.

LONDON SCHOOL OF HOMŒOPATHY.

A SPECIAL GENERAL MEETING of the Governors and Subscribers of this Institution was held in the board room at the London Homœopathic Hospital, on Thursday, October 26th, at three o'clock. The meeting was an adjournment from the 20th April, and was called to receive the report of the sub-committee, which had been appointed at the April meeting, to make enquiries as to the possibility of obtaining a Royal Charter for the School, and legal sanction for its Diploma. Among the governors and subscribers present were Dr. Matheson, Mr. Harris, Dr. Hughes, Dr. Dudgeon, Dr. Bayes, Mr. Rosher, Major W. Vaughan-Morgan, Dr. Marsden, Dr. Blackley, Dr. Epps, Dr. Black, Dr. Jagielski, Dr. Goldsbrough, Dr. Noble, Dr. Anderson, Dr. Moir, Dr. Clarke, Dr. Dyce Brown, Dr. Pope (the honorary secretary).

In the absence of Lord Ebury, Dr. Bayes, as vice-president, occupied the chair.

Dr. BAYES said that the principal business of the meeting was to receive, and if approved, to adopt the report of the sub-committee appointed on the 20th April, and he would, therefore, call upon the honorary secretary to read that report.

Dr. POPE then read the report as follows :—

“The committee appointed, consisting of Dr. Bayes (V.P.), Dr. Hughes, Dr. Galley Blackley, Mr. Pite, and Dr. Pope (Hon. Sec.), have to report that in considering the question submitted to them, they have met on five occasions.

“They found that there were three methods of incorporation—one by Royal Charter; one by a Special Act of Parliament; and one by general Acts relating to the incorporation of learned and other societies, passed between the years 1862 and 1867.

“Incorporation by Royal Charter presented numerous difficulties—difficulties which have been materially increased of late years, owing to Parliament having passed measures enabling bodies, desirous of incorporation, to obtain all the advantages of a Royal Charter, without adding to the business of the Privy Council Office.

“A Special Act of Parliament might possibly have been secured, but the expenses attendant on doing so were so great as to place attempting it beyond the power of the London School of Homœopathy.

“The third plan, they found, was one that would enable them to acquire the rights and privileges of an incorporated society, and that the expenses of securing it would not exceed £60 or £70.

“They have, therefore, to propose to the governors of the London School of Homœopathy, that an application shall be made to the authority appointed by Act of Parliament—in this instance the Secretary of the Board of Trade—to grant the School letters of incorporation and a common seal. In taking this step it is necessary to comply with special instructions from the Board of Trade. These involve the presentation to the Secretary of the Board, and by him to the Counsel of the Board, a memorandum setting forth the proposed name of the institution, its locality, its objects and management, together with the articles of association under which the members of the proposed incorporation intend to act together, and the rules by which they will be governed.

“The consideration of these various points has been attended with much anxious discussion by the members of your committee, in which they have had the assistance of the solicitors consulted by them—Messrs. Kimber & Co., of Lombard Street. The result of these deliberations is contained in the memorandum and articles sent herewith.

“The memorandum, it will be observed, is much more comprehensive in its scope than may at first sight appear necessary to attain the objects of the institution. But your committee were advised that it was necessary to insert in this document, not only everything that was desirable now, but also everything that there was the least probability might ever be required in the interests of the School. The reason urged by the solicitors for this course being that no addition or alteration could at any future time be made in the memorandum. To the lines laid down in this document the members must adhere for all time. Hence, every object that the members of the School might now or at any future period be likely to desire to carry out, must be inserted.

“By incorporation the School acquires legal power to act in all the circumstances set forth in the memorandum; its management becomes more exact and precise; it will be more likely to secure public confidence; its permanence, as an institution, is more thoroughly assured.

“For these reasons your committee submit that incorporation is desirable, and that the scheme now proposed is that which is most likely to ensure its being obtained.

“Signed on behalf of the committee,

“ALFRED C. POPE, Hon. Sec.”

The CHAIRMAN then said that as presumably all present had received the printed memorandum of association, which had been sent to all the subscribers, it would perhaps not be desirable or necessary that it should be read. It was a long document, and he would, if that were the general wish, take it as

read, as the portions they would have to discuss were no doubt pretty generally understood.

This course being approved,

Dr. BAYES then said he would also propose that they should proceed immediately to the discussion of the report, which had been read in their hearing, so that full opportunity might be given for any remarks which it might be desired to make. He proposed that the report they had heard be adopted.

Dr. MATHESON seconded the proposition.

Dr. DUDGEON said that it was not apparent to him, on the face of the report, what advantages could be gained by the proposed incorporation. Let them ask what is incorporation? It is not a charter. It gives no privileges. A deed of incorporation is merely a commercial document forming us into an association, and incurring certain liabilities and responsibilities. Coming to the memorandum of association, what would be the effect of that on the School? They would be crystallised in their present form, and they would never be able to stir from the terms of that memorandum. Medicine was a progressive science, and homœopaths were not going to stand still, any more than their other medical *confrères*. Even now, homœopathy is modified from what it was in the times of Hahnemann. Why should the School be crystallised in this way? It might be said that though they might crystallise the School, they would not necessarily crystallise homœopathy, or stay the progress of science. But what advantages were to follow from their binding themselves by terms like the laws of the Medes and Persians? It was only right that, when invited to place themselves under conditions and regulations of association, in which no alteration could ever be made, they should ask themselves what they were doing this for? Is it to gain any advantages? For his own part he had not seen any advantage pointed out as the consequence of this memorandum of association, and he would be very pleased to hear what advantages they were to gain from it. In the British Homœopathic Society they had no such memorandum of association, yet that society was perfectly competent to create fellows and members. The School had, without any incorporation, precisely the same powers as the society, and the proposed incorporation could confer no others. They had heard that the expense of incorporation would be about £60 or £70, and he would ask, is it worth while to make that outlay for the purpose of fixing themselves in a stereotyped form, without any possibility of ever altering it. As an amendment, he proposed that the report of the sub-committee be not adopted, presuming that if that amendment were carried, it would have the effect of allowing the School to remain as it was.

Dr. BLACK rose to second the amendment, and said that before speaking on it, he would much prefer that someone would point out what were supposed to be the advantages of incorporation. This course would allow him the opportunity of testing the reality of those advantages.

Dr. DYCE BROWN said he had been under the impression till now that the advantages of incorporation were admitted by all their body. (Hear, hear). The School of Homœopathy had existed for a number of years, and it had recently been proposed that it should grant a diploma of "Licentiate in Homœopathy." That had been met by a number of objections, the most important of which was that to such a diploma so granted there could attach no legal standing. Now, under a deed of incorporation the position would be somewhat different.

Dr. BLACK : What legal standing can incorporation give ?

Dr. DUDGEON : It gives no legal value whatever.

Dr. DYCE BROWN : Those gentlemen who objected said that having a School of Homœopathy, merely, the diploma had no value ; but if the School were on an incorporated basis, then the diploma might have some legal weight virtually. As to the incorporation stopping progress, every means had been taken, in drawing up the deed, to obviate any danger of that. Of course if a Royal Charter could be obtained, that would be the most desirable thing ; but it was generally understood that the next best was to secure a charter of incorporation, as calculated to give any diploma issued by the School more weight. And to prevent any danger of the crystallisation which had been suggested, every possible means of enlarging the sphere of the School, and taking in a wider curriculum, had been adopted. While they had endeavoured to give a firm legal standing to the School and its diploma, they had secured every possible chance of deviating, if necessary, from a stereotyped form.

Dr. BLACK said he thought he would now be able to understand the position. It was clearly understood that this incorporation by the Board of Trade was not in any sense a charter. The Board of Trade had no power to give a charter, and their deed of incorporation gave no more legal value to the proposed diploma of "Licentiate in Homœopathy" than it possessed before. The fact was that any man could call himself F.L.S.H., and would, by so doing, incur no legal penalty. He knew perfectly well, from experience, the difficulty of obtaining a charter, and between a charter granted by the Privy Council, or by Parliament, and an incorporation by the Board of Trade, there was the widest difference. It did not follow either that they would get what they were asking for. Incorporation itself was not an easy matter. And if a dozen men were to write to the Board of Trade, and say that they regarded

the proposed incorporation as not for the advantage of the School, the probability was that it would not be granted. There was, in his opinion, another serious objection to the memorandum of association. If the School became incorporated under that memorandum, they would never be able to get away from the name homœopathy. He regarded it altogether as most unfortunate, that just as there was a prospect of peace and agreement between the supporters of the School, there was set up this question of a diploma, which would be a fresh cause of lack of sympathy. Men who were quite as zealously attached to homœopathy as the promoters of this measure, were anxious that the School should strictly limit itself to its proper function of teaching. It comes to this—if you wish to give a certificate, well and good, but if you wish to give a diploma, then the more men become qualified the more superior they will become to such diplomas as have no legal value. By this measure you resuscitate that lack of sympathy, which has before been so much regretted, you stereotype your sectarian position, and you merely place yourselves on a commercial basis, such as a gas company or other association, and you throw dust in the eyes of the public, by your diploma, seeing that you cannot say you have a charter.

Dr. POPE said that with regard to the objection which was made by Dr. Dudgeon as to stereotyping the form of homœopathy, if Dr. Dudgeon would read clause *c* of paragraph 8 of the memorandum of association, he would see that by that clause stereotyping will be impossible. That clause provides for “the consideration, discussion, and determination of questions relating to general and special therapeutics, practical medicine, and surgery, physiology, pathology, chemistry, botany, pharmacy and other branches of the science and art of medicine and surgery, and the dissemination of the results of such deliberations, or any of them.” Clause *g* of the same paragraph also sets forth that the School was established for “the advancement, encouragement and dissemination of professional knowledge, study and research, and the results thereof respectively by all or any of the following methods, viz:—by the establishment and maintenance of physiological, pathological, pharmaceutical, chemical, botanical, surgical, and other laboratories, museums and institutions; by the delivery of lectures and instructions in all or any branches of a complete medical and surgical education; by giving prizes and rewards; and by giving to such persons as—being already legally qualified practitioners of medicine or surgery in the state or country of which they are citizens—shall have attended such courses of instruction given by the corporation during such a period or periods of time, and shall have passed such examinations as may from time to time be prescribed

by the governing body of the corporation (such examinations to be conducted by teachers, professors or practitioners of medicine or surgery duly qualified by law and appointed from time to time by the council), a certificate of fellowship certifying the recipient's knowledge and proficiency in and fitness to practise 'homœopathy,' or any modification thereof." The fact was the whole deed had been drawn up with the greatest care to prevent the possibility of any stereotyping. (Hear, hear). It was also a mistake to suppose that anything less than a Royal Charter could confer no advantages in point of position. Several societies of known position were incorporated, but had no Royal Charter. The British Medical Association, the Anthropological Society, the Philological Society were incorporated, but had no Royal Charter. If the point were of no more importance than Dr. Black had represented, those bodies would not have attached the weight that they do in securing it. It would be a very great advantage if we could obtain a Royal Charter, we admit; and that a deed of incorporation is not all we desire is quite true; but it is all we can get. It will certainly increase public confidence, in the stability and proper management of the School, and just in proportion as it does this, it will be valuable to us, and fulfil the desired purpose. Dr. Black has objected to the permanence which the deed of incorporation will give to the School and homœopathy in the present form. He says that the name homœopathy may die out. Well, I am sure that we shall all die out before it does (laughter), at least, I hope so. (Cheers). It had been stated that the proposed incorporation would place the School on a commercial basis, but paragraph 4 of the articles of association would show that there was no danger of that. This paragraph set forth that—"The income and property of the corporation whencesoever derived shall be applied solely to the promotion of the objects of the corporation as set forth in this memorandum, and no portion thereof shall be paid or transferred directly or indirectly by way of dividend, bonus, or otherwise howsoever by way of profit to the members of the corporation. Provided that nothing herein shall prevent the payment in good faith of remuneration to any officers or servants (whether members, governors, life-governors or otherwise) of the corporation, or other person in return for any services actually rendered to the corporation." There was nothing commercial in that. (Hear, hear). It was not to be in any sense an association for profit. Dr. Pope then read an extract from the laws affecting corporate bodies, and proceeded to show that they were quite prohibited from receiving profit. As to those gentlemen who do not think that the incorporation of the School will improve the position of the School with the public, he entirely differed from them. Undoubtedly it secures permanency (applause).

and is calculated to promote a more general study of homœopathy. (Cheers).

Dr. MARSDEN said he had always agreed with Drs. Black and Dudgeon on previous questions on which differences existed, and when some time ago it was stated to him that the School desired to grant a diploma, he could only make the simple but conclusive answer—they have no right to do so. But when the School, if it could not secure a Royal Charter, might become incorporated, though he could still see the disadvantages as to legal standing, yet that seemed to him to alter the case. It seemed to him that nothing in the memorandum was calculated to prevent progress. There were in the articles of association clauses which amply allowed for progress in the principles of medicine. On the other hand it was very hard that students of the School should be launched into the world without such certificates as were in contemplation, and it seemed to him that the qualification in question, though not what might be termed a legal qualification, yet carried practical advantages with it. At present homœopaths were isolated, and the probabilities of recognition, in the allopathic sense of the word, seemed to him to be still distant. For that reason he came to vote for the measure as calculated to improve the *status* of homœopathic practitioners. He maintained that the London School of Homœopathy had done as much as could reasonably be expected from it in the short time that its lectures had been in progress. The lecturers had, in his opinion, shown great determination, and perseverance and learning, in their endeavours to promulgate the great discovery which he thought had done as much to revolutionise medical science as the discoveries of Harvey and Jenner. As Dr. Pope had said, the proposed incorporation was not what they wanted, but it was all they could get, and was calculated to induce a greater number of young supporters of homœopathy. (Applause).

Dr. JAGIELSKI asked whether Dr. Pope, who had visited the United States, could tell them whether any precedent existed in that country for the incorporation of homœopathic medical bodies, and whether any great advantages had been found to result from such incorporation. The United States had progressed so greatly in advance of English homœopaths that it might be well if they could follow so good an example.

Dr. POPE, in reply, said that all the homœopathic medical colleges of the United States had received charters of incorporation from their Legislatures. But then it must be remembered that obtaining a charter from a State Legislature, and procuring a Royal Charter in England, were two totally different things. The one was a very simple and easy process; the other, one of the most difficult, and at the present time almost impossible.

Dr. MOIR said that as reference had been made to young members, he would take the opportunity of saying that he knew the feeling of several young members of the profession, and they were against the diploma. The certificate which the School might give would derive no additional value from the incorporation of the School. Dr. Pope had admitted, that while he considered the incorporation good, it would also be very expensive, and he (Dr. Moir) was of opinion that the position taken up would drive students from the School.

Dr. GOLDSBROUGH said that, as a former student of the School, he was sorry to disagree with Dr. Moir. He also thought that the diploma of the School, while it might not have much weight with those gentlemen who were settled in London, it would have a real value in the case of practitioners going to a new place in the country. In addition to their legal certificates, it would show that they had studied homœopathy. (Hear, hear). It was true, as Dr. Black had pointed out, that the letters "F.L.S.H." or "L.H." could have no legal value, yet he thought that they must have some weight as given by an incorporated body. (Hear). Dr. Black also had rather put it as possible that homœopathy might become so triumphant that it would be desirable to drop the distinctive title of "homœopathy." Well, there was a clause in the memorandum of association which, when homœopathy is triumphant, would provide for the winding up "The Incorporated London School of Homœopathy." (Cheers). But there was one question which he would like to ask, and it was, whether the provings of medicine by the School would be legal under the articles of association? He regarded the provings of medicine on the healthy human body as entirely distinctive of homœopathy, and as a valuable means of discovery. He would like to know whether the proposed incorporation would admit of the provings of drugs under the auspices of the School?

Dr. POPE said that, in reply to that question, there were several clauses in the articles of association, under which they would have the right to conduct experiments of the kind referred to.

Dr. GOLDSBROUGH said that, with all due respect, the articles only provided for "the consideration, and discussion, and determination of questions."

Dr. HUGHES said he should think such experiments would come under the head of "determination of questions." But there was present a gentleman from the firm of Messrs. Kimber & Co., of Lombard Street, who had been the legal advisers in this matter, and perhaps he would be able to answer that question, and settle several points of a legal character, which had been asked. He (Dr. Hughes) would, however, take the opportunity of saying that there was nothing in the memorandum

of association which would necessitate stereotyping or crystallisation; and as to the supposed continuation of the School after the word "homœopathy" had ceased to exist, if ever that happened, the necessity for the School itself would cease to exist. (Hear, hear). He, however, regretted very much to hear that the endeavours to secure the incorporation would be likely to cause any renewal of the differences of opinion between some members of the School and those who acted officially for the School.

Dr. BLACK explained that there could not but be a want of sympathy between the members referred to and those who were responsible for such measures as were now proposed.

Dr. HUGHES, continuing, said that the question, which seemed to him the real question, was whether the game was worth the candle. He had signed the memorandum, although personally not well acquainted with legal details, but relying mainly on the advice of their legal advisers and the judgment of his colleagues. He hoped that Mr. Watts, who was present to represent Messrs. Kimber & Co., would be received as a member of that meeting *pro tem.*, and permitted to speak, as he (Dr. Hughes), for one, would be guided by what he said.

Mr. WATTS, being called upon by the Chairman, said: I feel rather under a difficulty, because I did not expect to be called upon. But I may say generally, that when we were consulted upon the proposition to apply for a Royal Charter, we said that that was the only thing which would give a right to grant diplomas possessing any legal value. But we said you can incorporate under the Act of 1867, and that course will give you several advantages, such as having the regulations of the society sanctioned by the State; and as regarded the right to grant certificates, we thought that there could be no harm in making application for it. If the Board of Trade grant the power sought the document awarded by the School would not be a diploma, but simply a certificate; it would, however, have this value—that you, an incorporated body, have examined the person holding the certificate, and certify that he possesses certain qualifications. All along we have placed this view before your sub-committee. If the proposal now meet with your approval, we shall send it in to the Board of Trade; and although some may consider the value of the certificate doubtful, I think I am expressing the general opinion of the sub-committee when I say that the certificate will certainly have a value to all who value you.

Dr. BLACK said he knew quite well what the fate of the proposal would be. The Board of Trade would naturally refer it to their legal advisers, who in their turn will refer it to their medical advisers, and the School would soon get its answer.

He had had a great deal to do with securing a charter, and he could well forecast the course which would be taken. Then, suppose that any man, not being a member of this body, were to call himself "F.L.S.H.," what could you do?

Mr. WATTS: Well, it would be open to the School to remonstrate with him. (Laughter).

Dr. BLACK: We could take no action whatever.

Mr. WATTS: It should be remembered that the same objection obtains in the case of the initials of any learned society or any degree whatever. He might clear the ground by stating distinctly that no law prevents the use of initials, which may mean anything. The same remark applies to titles. Any person could put F.L.S.H. after his name; but no one, supposing the School be incorporated, could add the words Fell. Lond. Sch. Hom., because they would have a signification as the title of this incorporated Society. The plan would be not to use initials but syllables.

Dr. HUGHES thought that was of very great importance, because their solicitor now said that in that form their title would have a legal value.

Mr. WATTS: No two companies can be incorporated in precisely similar names. When a proposal is first made to the Secretary of the Board of Trade, the first thing he does is to see if there is any other Society bearing the same title on the books. If not, and the Society is incorporated, no other society or individual can adopt that name.

Dr. POPE said that Dr. Black a few minutes previously had referred to him as having said that the School would in the future restrict itself to teaching and make no pretensions to qualifying. It was just because this proposed deed of incorporation would so restrict them, and limit them to issuing certificates, and render all further disturbance and dispute impossible, that he supported it and advocated its adoption.

Dr. CLARKE said that they would all agree upon one point—that to secure a Royal Charter, and legal sanction for the proposed diploma, was practically impossible. But their subcommittee was appointed to make enquiries as to the possibility of obtaining such a Royal Charter and legal sanction for their diploma. That being so, all this memorandum of association was apart from the object for which the committee was appointed; and although it is said that we can get certain advantages from this proposed incorporation, he did not quite see, from a business point of view, what those advantages were. They could do as much without incorporation as they could do with it. It was as stated—a mere question of trying it on; and as that process confessedly involved considerable expense, he thought that it would perhaps be better to let some other society try it on first,

and bear the expense. It seemed to him that they were doing a great deal to gain nothing.

Dr. DUDGEON said he would now be obliged to leave the meeting, but before going he would like to say that the whole thing appeared to him to be a sham. At the best, they had been told, they were only going to try it on. It had never been done before, and the object was to take advantage, if possible, of some want of observation on the part of the Board of Trade. (Cries of "No, no.")

Mr. WATTS: We did not say we intended to slip it in unobserved, but simply to make the experiment.

Dr. DUDGEON said that in the case of the British Homœopathic Society, the letters "M.B.H.S." were assumed when chosen. That society is not an incorporated body, but it has the power to confer those initials, which have their meaning, and can be used if thought proper, but the present proposition, while it can confer no real advantages, will have the effect of raising a great deal of opposition. (Cries of "Divide").

The CHAIRMAN: By being an incorporated society we can secure permanence. I understood Dr. Black to think that a disadvantage.

Dr. BLACK said he agreed entirely with permanency. What he objected to was perpetuating distinctions and differences.

The CHAIRMAN, to Mr. Watts: Does not incorporation give us some real advantages in dealing with the money.

Mr. WATTS: Yes—greater legality.

The CHAIRMAN: When the new Medical Act comes into force it will give greater facilities to incorporated bodies, and it would give us a greater chance of getting examining power. Meanwhile I apprehend that no one fears our being driven to legal proceedings to prevent anyone adopting our title, which I take it no one could legally do.

Mr. WATTS: In doing so, presuming that he used the words "Fellow of the London School of Homœopathy," he would be using words which would constitute an infringement of your right, for which you could proceed against him.

The CHAIRMAN said that the great value of the diploma would be its evidence that the person holding it was competent to practise homœopathy. (Hear, hear). He had again carefully looked through the memorandum of association, and he did not see that there was much in the objections which had been raised. They could still take care to make every enquiry on all matters of importance, but as to the document in general, he was perfectly satisfied. (Cheers).

Dr. MARSDEN said that the School at present was an individual body, but when it was a corporate body its teachers would be much more generally recognised. He agreed with the chairman

in the desirability of carefully obviating any distant dangers, but he could see many advantages in the proposed incorporation.

The CHAIRMAN then, in response to invitations from the meeting, put the motion and the amendment to the vote, calling attention to the fact that at that meeting proxies were admissible, and suggested that scrutineers be appointed to examine those tendered.

Dr. Pope and Dr. Clarke were appointed scrutineers.

The CHAIRMAN said that the motion was, "That the report of sub-committee be adopted." The amendment was, "That the report of the sub-committee be not adopted."

The amendment, "That the report of the sub-committee be not adopted," was then put, when the voting was as follows:—

For the amendment	...	...	...	5
Against	...	...	...	11

Majority in favour of the motion 6

The motion, "That the report of the sub-committee be adopted," was then put to the vote, which was as follows:—

For the motion...	...	...	12
Proxies ...	...	...	15
			— 27
Against...	...	...	5

Majority in favour of the motion 22

Dr. BAYES then proposed the following resolution:—"That an application to incorporate the London School of Homœopathy in the terms of the printed memorandum and articles of association, be made to the Board of Trade, by the chairman of the present meeting, on behalf of the Society."

The resolution, having been seconded by Dr. MATHESON, was carried.

The proceedings terminated with a vote of thanks to the chairman.

NOTABILIA.

NOTES ON THE LONDON HOMŒOPATHIC HOSPITAL.

THE supporters of the hospital will learn with satisfaction that the amount of subscriptions received in the first half of the current year is slightly in excess of the sum received last year, although, owing to the death of some subscribers, some valuable subscriptions—including one of £35 per annum, some of ten guineas, and others—have been lost. Should this increase be maintained, the present financial year (1882-8) will compare

favourably with the year 1881-2. The same may be said in regard to donations.

There has, however, been a decrease in the amount of the Hospital Sunday grant of £45. This is, however, entirely owing to the complicated system of assessment, and the charges made on the reserve fund for repairs. These sums are deducted by the authorities of the Hospital Sunday Fund from the amount of the grant, so that the hospital does not benefit proportionately.

The nursing fund receipts also continue to increase.

The proposed extension of the nursing institute seems to be generally considered a very desirable thing, and it is proposed to pull down and reconstruct No. 1, Powis Place (purchased some years ago by the hospital), and to adapt for the present reception of additional nurses; but later on—when sufficient income shall have been secured—to utilise it for new wards containing a large number of additional beds.

We sincerely hope that this praiseworthy effort of the hospital authorities will receive the fullest support of our medical brethren, and that the demand for trained nurses will increase in ratio to the supply, and so insure great pecuniary results.

The estimated expense of preparing the house will be £1,000, and the treasurer—Major W. Vaughan-Morgan—has opened a special subscription list by a donation of £100.

Apart altogether from this fund, the indefatigable official manager, Mr. Chambrè, has arranged for a dramatic performance in January next, and we doubt not that the affair will prove as successful as former efforts in the same direction. Our old friends, "The Thaliens," under the management of Captain and Mrs. Conyers d'Arcy, will be the performers, and so we think we may predict a thoroughly good entertainment.

HOMŒOPATHIC CONVALESCENT HOME FOR CHILDREN, SLOUGH.

WE are pleased to notice that some kind friends are anxious to provide a convalescent home for the little ones. The hospital can do, and does much for them, but the requisite change of air to complete the good work is often hard to come by, owing to poverty or other circumstances.

A suitable house has been selected at Slough, where six patients can be received. Mr. Deane Butcher has kindly promised to become honorary medical officer, and a lady residing near (Miss Forsyth) will become honorary superintendent. £800 a year will defray all expenses. Will all who are well-wishers to this kind effort on behalf of the little ones, send help. Mr. Craske, London and County Bank, Slough, has kindly promised to receive remittances.

A MEDICAL CATECHISM.

PATIENT : Now, doctor, how would you define "medical science?"

Doctor : Well, medical science sometimes consists in making a person think he's very sick when he isn't, and at other times it tells people there isn't much the matter with them when they are half dead. Sometimes all this depends on the size of the patient's pocket-book. That in medicine is a very important and vital organ. The great aim, however, in my experience, is to have as many folks sick as possible, and to keep them sick.

Patient : What is your idea as to the naming of diseases?

Doctor : To change the name at least once in ten years.

Patient : Why?

Doctor : Because old names, such as "croup," "lung fever," &c., get too common. People are too apt to find out how to treat such diseases themselves. But when we clap a Latin name on the old complaint, it mystifies the public, scares them, and sets them all adrift again. There'd be millions of dollars lost to the medical profession if we didn't change the names of our complaints occasionally.

Patient : Suppose a well-to-do person is a little out of sorts and comes to you with an idea that something very serious is the matter him, what will you do?

Doctor : This affords me some of my best-paying practice. In such cases I "break up the disease." I tell him that he is seriously threatened with something awful in Greek or Latin, composed of two words, seven or eight syllables, and one hyphen. Then I put him on a course of harmless drugs, to be taken at regular intervals of two hours. I put him also on a strict system of diet, and keep him in bed. It requires about a week to "break up the disease." Such prevention is better than immediate cure. It pays better too.

Patient : When you are called in and are yourself uncertain as to the nature of the patient's sickness, what do you say to his enquiring friends or family?

Doctor : The proper course in all such cases is to look wise and grave, and to say as little as possible. We leave some medicine, of course. How can one be a doctor unless he always gives medicine? The medicine quiets the patient's mind and those of his friends. Patients, to tell the truth, are as bad as the doctors in this respect. They will insist on having some medicine when they do not need it. But it never pays for a doctor to talk much.

Patient : If you are called in after the sick person has been for several days previous in the care of another physician, and the patient dies, what is your course?

Doctor : Invariably to regret, to particular friends, in a subdued manner, at the proper times and places, that I had not been called in before the disease had made such headway.

Patient: Do you not think, in many cases of sickness, that nature, aided by plenty of rest and good nursing, would effect a cure?

Doctor: We do not encourage nature in such practices. It would ruin the profession.

Patient: Now, if you treat a patient for you don't exactly know what, and he recovers, don't you take all the credit for such recovery?

Doctor: Sir, that is a professional secret.

Patient: Can you tell me, Doctor, why it is that an expensive office, a horse and carriage, and a residence in the fashionable quarter are practically considered as of as much, if not more, importance to a doctor than his skill or experience in his art, and that a doctor without the capital to set himself up in this manner, be his skill ever so great, can never hope to obtain a fashionable practice?

Doctor: Certainly I can. It's custom and stupidity. But stupidity makes money for us. Are we going to try and cure stupidity—kill the goose that lays for us golden eggs? Never!

Patient: What other means have you for stimulating and developing practice?

Doctor: A good doctor will always have a reputable standing in some respectable church. He will at least hire a pew—front pew if possible—and send his family regularly. Of course he must have a family. A doctor without a family is unsafe—hasn't given any hostages to society. He needn't attend church regularly himself. If he has much practice, it isn't supposed he can. The sick must be visited, Sunday or no Sunday. And when he does come to church, it is well to have him called out occasionally—case of sudden illness—doctor sent for; so hard on the poor man, too, when he has so little opportunity to worship. Yet no rose without its thorns. No—I mean no cloud without its silver lining. When the doctor is called out of church all the congregation will see he's in demand. It's splendid advertisement.

Patient: Who are the most permanent and lucrative patients?

Doctor: Women.

Patient: Why?

Doctor: Well, I think sometimes they had rather be sick and under a doctor's supervision than not. Another reason is they are more perverse than men in clinging to the causes of their ailments. A man better realises that without health he cannot carry on his business. So when he finds out the cause of disease he'll set to work to stop it. Tell a man he needs more fresh air and he'll try and get it. Tell him he needs more outdoor exercise and he'll try and take it. But most women won't. They squeeze themselves into corsets, and insist on being cured of ills caused by corsets with pills. They'll go out in cold, damp weather in costumes which show off their figures and without

cloaks, when the cold drives all the blood from their skin, for hours. They'll insist on being cured by doctors and pills. They'll wear tight shoes, which deform and pain their feet, and this plan drawing indirectly from their strength—they'll insist on being cured with more pills. Nor is this all. But I shall tell no more. It is giving the "profession" away. These things involve our most lucrative secrets. I shan't be thanked now by thousands of brother medical nurses of disease for what I have told. Go to, young man! Go to! You've got enough, and how in the world you've managed to worm out of me what you have is a mystery. Get thee to a nunnery! I'll never more have one such as thou pumping from me that information which is to me my professional life-blood. Thou art an interviewer disguised in the likeness of a sick man. Go to!—*New York Daily Graphic.*

CORRESPONDENCE.

THE REVISION OF THE MATERIA MEDICA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As this subject is being actively discussed, will you permit me to make a few remarks upon it? As I had not the opportunity of being present at the Edinburgh Congress, I will take this opportunity of expressing my general agreement with the views of Dr. Nankivell and those on his side, as reported. But my criticism must take a wider scope. I include the general relationship of the work of the Hahnemann Publishing Society to the wants of the profession. This Society has enlisted in its service, it is presumed, most of the active spirits of our small body, and it is on this side of the water the only working organisation we have, and for the painstaking, self-denying, and self-imposed labour exhibited by it, nothing but the warmest acknowledgment is due. With the method and scope of its work, however, some difference of opinion may exist. It started with the praiseworthy object of supplying us with a reliable *Materia Medica*, a *Repertory*, and a *Therapeutic Companion*. These constitute, in my opinion, the desiderata for practice.

It is now thirty years since the first instalment of the *Materia Medica* was issued; during that time the work has dragged its slow length along, and five medicines in all have been presented to us, the *Repertory* chapters and the tentative essays in the therapeutic part not being here referred to. After thirty years of effort in the *Materia Medica* section, a dispute springs up as to whether future medicines are to be worked in a Schema form or not. At this rate the blocks that are being quarried and shaped for the homœopathic pyramid will have crumbled away before the last are finished, and we shall never build the structure intended. For it is in the nature of physiological science that it is progressive and cumulative, and books upon it become rapidly antiquated. Fortunately for us, we have had the materials for

practice more or less accurately supplied by a host of other compilations, and we have now the excellent *Materia Medica* of Allen along with the couple of volumes of Hahnemann's, recently translated by Dr. Dudgeon, giving us our working material. But at this stage a cry is heard for a revision of the whole, and not without cause. It has been felt all along that to present us with the provings chopped up in the Schema is feeding us with therapeutic mincemeat, and we require the whole joint in its fair proportions, or even the entire animal, to enable us to form a true judgment of what will suit us.

Besides this, we wish to get rid of redundancies in the way of vain repetition, and to see wherein we are deficient. It is evident that to go on with the superstructure when the foundations are imperfect is to waste time and labour. We require a Council of the Church to determine which of our books are to be considered canonical, and to have them collected in a systematic form, for it is undoubted that we have a large amount of what is spurious and what is apochryphal mixed up with what is genuine. The lawyer has his Acts of Parliament and the theologian his canonical writings to refer to, but ours we have not. It seems to me the most pressing necessity of our time to pass under review our provings, and publish them in full in narrative form without gloss or comment, except by way of explanation. The attempt in this direction in the *aconitinum* chapter, lately issued, has given a life-like picture of the drug, and teaches us more than the best-arranged Schema possibly could. A *Materia Medica* sifted and supplied in full, excluding redundancies, after this fashion would not be likely to grow antiquated, for it could be added to by way of supplement from time to time as new provings appeared.

It appears to me to be wasting the time of the Hahnemann Society to even undertake the arranging of a medicine. The Council of Trent did not spend its time in making a Concordance to the Scriptures; a Cruden could do that. So I hold the Hahnemann Society might more profitably occupy itself with giving us an authentic *Materia Medica* to the best of its ability, and leave the depicting and tabulating of the symptoms to a future time or to other hands, for repertories are and must be variously constructed to meet the various tastes and ways of working out our cases. The *Cypher Repertory* does not command universal approval, and it is a pity to employ such good working-power in a direction that is of only partial acceptance.

I would propose, therefore, that the volunteers ready for the purpose, form themselves into a purely revising committee and get the work already to their hands, passed under scrutiny and stamped with their approval, and published in order from A to Z. The provings have not to be made, they exist in our literature, and this being the case we see what can be done in the *Hahnemann Materia Medica* lately translated.

The Hahnemann Society has attempted too much, in my opinion, and if it will disencumber itself of the mere work of a dictionary maker, it may serve a high purpose in gathering together and assaying the precious metal that constitutes our real wealth, and when this is done, the work of minting it into current coin may be left to whoever will undertake it, as it is of minor importance, and as before said, will doubtless be variously done. In the meantime we will make shift with our present repertories.

As regards the Schema, it appears to me to be quite unnecessary. It is only a collection of symptoms dissected out and grouped artificially, and if the provings were indexed in some such manner as the verses of the Revised Version of the New Testament, they could be noted in any form of repertory and so allow of ready reference to them. The Schema is only a middle-man coming between the provings and the repertory, and as he is only a thing of shreds and patches he may be dispensed with.

Let us but have a reliable record of provings, and indexes, concordances, and repertories, cypher and others, general and special, will spring up, and with monographs on all subjects we shall not have to find fault with the materials for homœopathic practice, excepting of course the inadequacy of every human means for meeting all the contingencies of disease.

P. PROCTOR, L.R.C.P.

NOTICES TO CORRESPONDENTS.

*. We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. COOPER (London); Dr. BENJAMIN (Tasmania); Dr. PURDOM (Newcastle); Dr. SMITH (Cleveland, U.S.); Dr. PROELL (Gastein); Dr. BLACKLEY (Manchester); ALAN E. CHAMBERLAIN, Esq. (London); Miss FORSYTH (Slough); Dr. HARMAN SMITH (Ramsgate); Dr. PROCTOR (Liverpool); Dr. HAYLE (Rochdale). Several important communications are unavoidably crushed out.

BOOKS RECEIVED.

The Homœopathic World.—*Homœopathic Medical Progress.*—*The New York Medical Times.*—*The Calcutta Journal of Medicine.*—*The New England Medical Gazette.* Boston.—*The Clinique.* Chicago.—*Bibliothèque Homœopathique.* Paris.—*Bulletin de la Société Médicale Homœopathique.* Paris.—*The Melbourne Argus.*—*The Hobart Mercury.*—*Allgemeine Homœopat. Zeitung.* Leipzig.—*Boletín Clínico.* Madrid.—*Homœopathic Pharmacopeia.* U.S.A. Boericke & Tafel.—*Faulkner's Visiting List for 1883.* Boericke & Tafel.—*Presidential Address, Homœopathic Society of Pennsylvania.*—*North American Journal of Homœopathy.*—*The Therapeutic Gazette.* Detroit.—*A Momentous Education Question.* By P. A. Siljestrom. Translated by Dr. Garth Wilkinsen. Young: London.—*Spinal Curvature.* By Heather Bigg. Churchill. Indian Homœopathic Review. Calcutta.—*Students' Journal.*—*El Criterio Medico.*—*The American Observer.*—*The Medical Advance.*—*The Hahnemannian Monthly.*—*Burgoyne's Monthly Magazine of Pharmacy.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCK BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

3 apr
105 +

